



STANDARDS & PROCEDURES MANUAL

***Prepared by the Specialty Board on Fluency
Disorders***

July 2012

updated 7/2012

Specialty Board on Fluency Disorders:

Diane Constantino, MS, CCC/SLP, BRS-FD

Boston University
Boston Massachusetts

Dale Williams, PhD, BRS-FD

Florida Atlantic University
Boca Raton, Florida

Nancy Ribbler, MA CCC/SLP, BRS-FD

Broward County School District
Plantation, Florida

Carolyn Belle, PhD, BRS-FD

St. Paul Public Schools
St. Paul, Minnesota

Kristin Chmela, MA CCC/SLP, BRS-FD

Chmela Fluency Center
Long Grove, Illinois

June Haerle Campbell, MA CCC/SLP, BRS-FD

26214 Mesa Place
Carmel, CA

James A. McClure

National Stuttering Association
Albuquerque, New Mexico
Public Member

**SPECIALTY BOARD ON FLUENCY DISORDERS
STANDARDS & PROCEDURES MANUAL
Table of Contents**

BRS-FD = Board Recognized Specialist in Fluency Disorders

Forward	6
I. Introduction	7
II. Specialty Board on Fluency Disorders	7
A. Board Charge	7
B. Board Responsibilities	7
C. Board Organization	8
III. Standards and Implementation for Specialty Recognition in Fluency Disorders	9
Standard A – Eligibility	9
Standard B – Specialty Recognition Program (SRP)	10
1. Mentoring	10
2. Continuing Education	11
3. Guided Clinical Practice	12
4. Creating a Portfolio	13
IV. Standards for Maintaining Specialty Recognition in Fluency Disorders	16
A. Implementation for Annual Membership	17
1. Complete BRS-FD Annual Membership Form and Pay Annual Fees	17
2. Verification of 100 Hours of Clinical Activity	17
B. Implementation for Three Year Renewal	17

1. Three Year Renewal Update Form and Fee	17
2. Verification of 100 Hours of Clinical Activity	17
3. Continuing Education Requirement	17
V. Late Fees	18
VI. Loss of Board Recognition	18
VII. Reinstatement Policy	18
VIII. Leave of Absence Policy	19
IX. Table of Fees	19
X. Process for Appealing Decisions of the Specialty Board on Fluency Disorders	20
A. General Principles	20
B. Rules of Procedure for Further Consideration	21
1. Initial Decision	21
2. Notice of Initial Decision	21
C. Procedures for Further Consideration Hearing	21
D. Notice of Decision after Further Consideration	21
E. Appeal to the Appellate Body	22
F. Rules of Procedure for Appeals	22
1. General Principles	22
2. Conflict of Interest	22
G. Rules Governing the Filing and Processing of Appeals	23
H. Rules Governing the Filing and Processing of Accelerated Appeals	24

Appendices Listing	25
A. Bylaws of the Specialty Board on Fluency Disorders	26
B. Annual Report to the Council for Clinical Specialty Recognition (CCSR)	30
C. Five Year Report to the Council for Clinical Specialty Recognition	33
D. CCSR Glossary of Terms Relating to Specialty Recognition	35
E. Development of the Fluency Specialist Recognition Program: A Perspective	39
F. References Cited in Specialty Board on Fluency Disorders Manual	44
G. Guidelines for Practice in Stuttering Treatment (ASHA)	46
H. Summary of Standards to Obtain BRS-FD	47

SPECIALTY BOARD ON FLUENCY DISORDERS MANUAL FORWARD

Many individuals contributed to the establishment of the Specialty Board on Fluency Disorders (SBFD) and the program for creating a cadre of Board Recognized Specialists in Fluency Disorders (BRS-FD). This manual is dedicated to those individuals whose farsightedness, tenacity, perseverance, dedication, and caring enabled the American Speech-Language-Hearing Association's Special Interest Division on Fluency and Fluency Disorders to champion the cause of educating BRS-FD. Fortunately, the Division on Fluency Disorders was aided in its efforts by an equally persevering and caring community of people who stutter, their families, their friends, and the support organizations that serve them.

This Specialty Recognition Program has moved beyond the induction of its inaugural cadre to the mentoring and development of new BRS-FD. We are the first in ASHA's history to develop and maintain such a program. Others now follow and look to us for guidance and inspiration. As we continue to learn and grow from experience, this eighth edition of the manual includes changes in standards and procedures approved by the Specialty Board on Fluency Disorders (SBFD) and the Council for Clinical Specialty Recognition of the American Speech-Language-Hearing Association (CCSR). We trust that it will be followed by many more changes, each reflecting a significant growth in our profession's ability to serve those with fluency disorders and their loved ones.

**Specialty Board on Fluency Disorders
July 2012**

We acknowledge and honor the members of the Founding Commission:

**Eugene B. Cooper, Chair
Walter H. Manning
Nan Bernstein Ratner
C. Woodruff Starkweather
Jennifer B. Watson**

I. INTRODUCTION

The *Specialty Board on Fluency Disorders Policies & Procedures Manual* details the specific policies and procedures through which the Board fulfills its charge of administering a high quality program for the recognition of specialists in fluency disorders. To maintain its recognition by the American Speech-Language-Hearing Association as an approved Specialty Board, the policies and procedures noted herein are consistent with those described in the American Speech-Language-Hearing Association Council for Clinical Specialty Recognition (CCSR), *Guidelines for Specialty Commissions* (ASHA, 1997). Included in this manual are the Board's charge, responsibilities, organization, and the components of the Board Recognized Specialist – Fluency Disorders (BRS-FD) program. Also included are Board Bylaws, a definition of the specialty area, a summary of events leading to the establishment of the Specialty Board on Fluency Disorders, and application and report forms for administering the program.

II. SPECIALTY BOARD ON FLUENCY DISORDERS

A. BOARD'S CHARGE

The Specialty Board on Fluency Disorders is charged with developing and administering a high quality program of recognition for specialists in the area of fluency disorders.

B. BOARD RESPONSIBILITIES

The Specialty Board on Fluency Disorders shall:

1. Develop, implement and revise as needed requirements and standards for the recognition and credentialing of specialists in fluency disorders.
2. Develop, review and revise as needed procedures for soliciting, processing and evaluating applications for BRS-FD in a timely fashion.
3. Develop, implement and revise as needed a process for assessing applicants' knowledge, skills and experience as set forth in the established standards for BRS-FD.
4. Develop, review and revise as needed requirements and procedures for maintaining the credential of BRS-FD.
5. Establish policies and procedures for assessing and collecting fees.
6. Maintain the Board's financial viability.

7. Apply the standards and procedures fairly and consistently for both applicants and credentialed specialists.
8. Create, maintain, and revise as needed a *Specialty Board on Fluency Disorders Manual*. The Manual shall detail the specific procedures and activities through which the responsibilities of the Board will be discharged. The Manual will be reviewed annually and be revised as necessary by the Board. Revisions to the Manual shall be forwarded to the Council for Clinical Specialty Recognition for review and approval.
9. Conduct meetings as necessary to fulfill the charge of the Board.
10. Develop and administer procedures for appeals and grievances.
11. Maintain a database and publish a roster of BRS-FD and promote the specialty in fluency disorders to the public, educators and other professionals.
12. Establish and maintain the Board as an independent corporate entity with appropriate liability protection.
13. Establish procedures for routinely evaluating the satisfaction of those persons participating in the specialty recognition program.
14. File an annual report to the Council for Clinical Specialty Recognition detailing the Board's activities and presenting evidence that it is fulfilling its charge and responsibilities.
15. Require that mentors are available to applicants for advice, guidance, and support throughout the entire mentoring process.

C. BOARD ORGANIZATION

The Board must be composed of no fewer than five members. Four members must be Board Recognized Specialists in Fluency Disorders and one must be a public member knowledgeable about fluency disorders or a family member of a consumer of fluency services. The public member cannot be a speech-language pathologist. The Board's Bylaws (see Appendix A) address such issues as election to the Board, terms of office, officers and officer responsibilities, and other critical organizational information.

III. STANDARDS AND IMPLEMENTATION FOR SPECIALTY RECOGNITION IN FLUENCY DISORDERS

The Standards for Specialty Recognition in Fluency Disorders were created to provide a fair and consistent method for preparing and assessing a set of knowledge and skills required for an individual to receive and maintain the advanced credential of BRS-FD. Specific implementation language has been provided to further clarify and interpret the standards.

STANDARD A - ELIGIBILITY

To be eligible for Board Recognition an individual must hold a current Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) issued by the American Speech-Language Hearing Association (ASHA). He/she must also have a minimum of three years of clinical experience beyond the clinical fellowship (CF), including clinical experience with clients who have fluency disorders, before an applicant can apply for specialty recognition. In addition the applicant must have completed a graduate-level course devoted to fluency and fluency disorders with a grade of B or better from a program accredited by the ASHA Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation of Vitae:

- *Applicant must submit with his/her application documentation of their current Certificate of Clinical Competence in Speech-Language Pathology issued by ASHA.*
 - *A photocopy of a current ASHA Membership card is acceptable.*
- *Documentation of professional work experiences shall accompany the application. Documents could include but are not limited to:*
 - *A letter from an administrator attesting to the types/ages of clients served.*
 - *If in private practice, a current curriculum vitae which lists past employment and types/ages of clients served (past and present).*
- *An official transcript showing the required course in fluency disorders must be provided with the application.*
- *Completed Specialty Recognition Plan (described below)*
- *Signed candidate and mentor form*
- *Application fee (described below)*

STANDARD B - SPECIALTY RECOGNITION PROGRAM

The Specialty Recognition Program is based on a model utilizing BRS-FD mentors to guide and assist prospective specialists through the process.

The applicant must satisfactorily complete the BRS-FD Program within 5 years of the date of the Board's approval of the applicant's program. Extensions to the 5-year requirement may be granted by a majority vote of the Specialty Board if the applicant submits a written request to the Board prior to the conclusion of the applicant's fifth year of candidacy. The Board shall respond to such written requests within ninety (90) days of receiving the request at the official board office.

The mentor is responsible for monitoring the applicant during the 5-year process. The applicant and mentor are encouraged to submit an Annual Report of their status and progress towards completing the specialty recognition process (See Appendix G, BRS-FD Applicant and Mentor Report). This annual report serves to update the Board as to the applicant's progress and may identify problems in the applicant's process that might otherwise only come to light at the time the portfolio is submitted.

The program consists of four parts: 1) Mentoring, 2) Continuing Education, 3) Guided Clinical Practice and 4) Creating a Portfolio

Implementation:

*Using the **BRS-FD Application and Specialty Recognition Plan Form** the applicant, in collaboration with their mentor, will develop a preliminary program plan to be submitted to the Specialty Board on Fluency Disorders. This program plan (hereafter referred to as the Specialty Recognition Plan or SRP) will indicate how the applicant's proposed continuing education and guided clinical practice activities will occur. Completion of these educational experiences and guided practice activities may occur concurrently; however, the applicant and the mentor must be sensitive to appropriate and professional sequences to ensure that knowledge precedes clinical practice. Revisions in the SRP must be submitted by the applicant and mentor for the Board's approval.*

*The final SRP must contain the signatures of the applicant and the mentor and be approved by the Board **before** initiation of the Program. **Observations and direct clinical contact occurring prior to the SRP approval date will NOT be accepted.** The applicant will be notified of the plan's approval or request for revisions in writing within 60 days of receipt of the SRP. The application fee (see section on fees) must accompany the submission of the **BRS-FD Application and Specialty Recognition Plan Form.***

B - 1 Mentoring

To begin the Specialty Recognition approval program, the applicant will identify a mentor who is Board Recognized and who agrees to advise, guide, and support the

applicant throughout the entire recognition process. An applicant **may not** begin the program without an approved SRP by the SBF and a signed Candidate and Mentor Agreement (**Section VI on the BRS-FD Application and Specialty Recognition Plan Form**).

Implementation:

The use of mentors to enhance the education and training process for the development of BRS-FD is a key component of the Specialty Recognition Program. It is through the mutual effort of the mentor and the applicant that the applicant enhances skills, learns the profession's norms and values, clarifies professional goals, and establishes contacts in the professional community. Additional mechanisms that facilitate applicants' professional development include encouragement that motivates them to realize their potential, supportive discussions of their concerns and challenges about attaining Specialty Recognition, and assistance for acknowledging themselves as peers of the mentor when specialty status is achieved.

All BRS-FD in good standing qualify to mentor new applicants and all mentors must be a BRS-FD. If an applicant's mentor loses their BRS-FD status, the Board will notify the applicant and assist the applicant in obtaining a new mentor.

Fees may, but need not, be charged for BRS-FD mentoring services.

If a mentoring fee is charged, it must be specified in the Program Plan submitted to the SBF by the applicant and mentor. BRS-FD mentoring costs to the applicant will be in addition to the Specialty Recognition Application Fees. The SBF may maintain a registry that includes the nature and range of a mentor's fees for BRS-FD mentoring services.

In addition to the mentor, other speech-language pathologists who are involved in the training of fluency specialty applicants may be remunerated for their services. There are no additional fees assessed by the Specialty Board to BRS-FD Mentors.

B - 2 Continuing Education

The applicant must provide proof that he/she is keeping pace with current developments in the area of fluency disorders. A minimum of 10 [ten] ASHA approved Continuing Education Units [CEU's] (100 hours) distributed across diverse educational experiences and from a variety of sources (e.g. workshops representing different approaches, on line courses, journal articles) that concern the nature, assessment, and treatment of fluency disorders in children and adults is required for successful completion of the BRS-FD Program. If the required hours have not been accumulated within 10 years prior to submission of the application, the applicant must specify within the plan how the required educational experiences will be achieved.

Implementation:

An applicant must provide proof of a minimum of 10 [ten] ASHA approved Continuing Education Units [CEUs] (100 hours) that meet the following guidelines:

- The 10 CEUs (100 hours) must be distributed across educational experiences that concern the nature, assessment, and treatment of fluency disorders in children and adults.*
- The 10 CEUs (100 hours) must be obtained from a variety of sources in order to assure a broad perspective on the assessment and treatment of fluency disorders.*
- In the case of post master's graduate coursework, related to fluency disorders, each one semester hour of coursework from a regionally accredited institution of higher learning is deemed equivalent to 1.5 CEUs, each quarter hour is deemed equivalent to 1.0 CEUs (excluding the required graduate level course devoted to fluency and fluency disorders). This is consistent with ASHA's policy for coursework credit (<http://www.asha.org/certification/ReportingUnits.htm>). Only coursework resulting in a grade of "B" or better will be accepted. Applicants may submit a maximum of six (6) CEUs of coursework.*
- CEUs must have been obtained no more than 10 years prior to application submission date.*

B - 3 Guided Clinical Practice

An applicant must complete the two phases of guided clinical practice as they relate to the assessment and treatment of children and adults with fluency disorders. The two phases must include a variety of effective therapy techniques using the "Guidelines for Practice in Stuttering Treatment" (ASHA, 1994) (see Appendix H as a frame of reference). All clinical activities should include attention to fluency disorders viewed from a multifaceted perspective including all internal/external contributing factors (i.e. social, emotional, language, cognitive, environment, etc.). The two phases of guided practice must be addressed in no fewer than 100 clock hours, must follow a sequence of observation prior to direct client contact and provide for adequate feedback to enable the applicant to improve their clinical skills.

As stated above, the Specialty Recognition Program is based on a model utilizing BRS-FD mentors to guide and assist prospective specialists through the process. It is imperative therefore that the applicant demonstrate ongoing contact with the mentor.

Implementation:

(a) Phase 1- Observation and Case Studies (25 hours):

Applicant will observe the mentor, and/or clinicians approved by the mentor in clinical practice, engage in role playing, and participate in clinical discussions with mentor (maximum of 25 clock hours of the 100-hour minimum requirement). Observation must cover a variety of effective treatment techniques across the age-span of preschool, school-age, and adolescent/adults. Twenty-five (25) hours of observations must be completed before Phase 2 (Direct Clinical Activity) can begin. A maximum of 12 of the 25 hours may be videotapes of sessions versus in person observation.

(b) Phase 2 - Clinical Activity (75 hours):

Applicant will demonstrate an appropriate level of proficiency to the mentor through the applicant's direct contact with clients/families. Applicant must have client/parent(s) sign appropriate release of information forms. Phase 2 requires carrying out these skills with clients, under the continued supervision of the mentor and/or clinicians approved by the mentor. Supplemental personal contact may include a variety of approaches, such as telephone conferences, audio and videotapes, and e-mail. (75 clock hours of the 100-hour requirement).

NOTE: The entire 25 hours of observation (which includes observation of preschool, school-age, and adolescent/adults) must be completed BEFORE beginning Phase 2 (Direct Clinical Activity). Applicant must also demonstrate proficiency with clinical practice across the age span (preschool, school-age, adolescent/adult) for the 75 hours of direct clinical contact.

(c) Mentor Contact Log Sheet:

*Applicant will document regular mentor contact using a **Mentor Contact Log Sheet** (this form is available online). This log sheet should be used to document all interactions with the applicant's mentor, including but not limited to face to face, telephone, email, and video exchanges.*

B - 4 Creating a Portfolio

The applicant will develop a portfolio containing text and video clips of three case studies (one each, preschool, school age, and adolescent/adult) documenting the comprehension and mastery of clinical skills. The applicant's portfolio will provide evidence of clinical decision making skills used to select appropriate treatment approaches and for ability and flexibility in modifying clinical strategies during the course of treatment. The portfolio must profile the rationale and activities addressed in the assessment, treatment, and outcome of three different clients/patients. Clients of different ages (preschool, school-age, adolescent/adult), severity levels and the use of a variety of treatment approaches must be reflected in the portfolio. When both the applicant and the mentor agree that the supporting materials are sufficient for specialty status, they shall be submitted to the Board for approval. Approval will be achieved by the majority vote of SBFDF members serving on the portfolio review subcommittee.

If consensus cannot be reached between the mentor and candidate regarding whether or not the portfolio is ready for submission, the applicant may appeal to the Specialty Board on Fluency Disorders.

If the Board does not approve the submitted portfolio, an applicant will have the opportunity to resubmit the portfolio one time. If the portfolio is not approved following this resubmission, the application for Specialty Recognition is denied. Applicants have the right to appeal the Board's decision (see Process for Appealing Decisions of the Specialty Board on Fluency Disorders on page 19 of this manual).

Implementation:

The portfolio will be used by the Specialty Board on Fluency Disorders to determine the applicant's advanced skills and knowledge. Given that the portfolio is to include three case studies, applicants should be prepared to produce high quality DVD/videotapes of these clients far in advance of the compilation of the portfolio.

*The portfolio may be presented in a three-ring binder or electronically with applications such as "Dropbox" with appropriate confidentiality video forms. In order to comply with HIPPA guidelines, **all** client names must be removed from **all** documents. Only initials are to be used, even if the client gives permission to use their name. This includes redacting all but initials from signatures on the release of information forms for each case study. Each section of material in the binder should be separated with dividers or placed in folders that are clearly labeled to identify the information contained in each section. A complete copy of the portfolio and video is sent to each of the Sbfd Board members on the review subcommittee who are speech-language pathologists as well as to the Board office. The public member of the Sbfd does not review portfolios. The applicant should keep one copy of the portfolio. **After the portfolio is approved, each board member is required to erase the DVD/videotape and destroy the binder.** If submitted electronically, the candidate must remove Board members' access to the files and confirm in writing that this has been done. Please contact the SRP Coordinator to review the method you will be using and to ensure that proper procedures are being followed.*

The information in the portfolio must include the following items in the following order:

1. **SECTION ONE: THE SRP:**
 - a. Applicant's Curriculum Vitae (listing of professional experiences and accomplishments).
 - b. A copy of the Specialty Recognition Plan signed by both applicant and mentor.
2. **SECTION TWO: CONTINUING EDUCATION:** Documentation of 100 hours of ASHA approved continuing education within the past 10 years from a variety of educational opportunities.

3. **SECTION THREE: OBSERVATIONS:** Documentation of at least 25 hours of observation of a variety of effective evaluation and treatment techniques. All observations must be completed **before** beginning any direct clinical contact.
4. **SECTION FOUR: DIRECT CLINICAL ACTIVITY:** Documentation of at least 75 hours of direct clinical activity across the age span (preschool, school-age, adolescent/adult).
5. **SECTION FIVE: MENTOR CONTACTS:** Documentation of ongoing mentor contacts using the mentor contact log sheet (described above).
6. **SECTION SIX: CASE STUDY ONE- PRESCHOOL:** This will be the first of three separate client sections to include evaluation reports, case histories, observation and test results, treatment plans, client progress assessments, and signed release of information forms, as well as video(s) of this client/family in section 10.
7. **SECTION SEVEN: CASE STUDY TWO- SCHOOL-AGE**
8. **SECTION EIGHT: CASE STUDY THREE- ADOLESCENT/ADULT**
9. **SECTION NINE: MENTOR REPORT:** Letter from mentor supporting the applicant's readiness for specialization.
10. **SECTION TEN: VIDEO GUIDE:** Applicant and Mentor will chose five video clips from video collected **ONLY** from the three case studies (no longer than 3 minutes each) that address a number of treatment components (as discussed below). The applicant must provide at least one video from each of the three case studies. The video guide will clearly guide the reviewer as to the intent of the clinical interaction in the video.
11. **SECTION ELEVEN: EVALUATION OF LEARNING EXPERIENCE:** Applicant's evaluation/summary of what he/she has learned through the specialization process. State specifically what you have learned and how you have applied your learning in general and in relation to the three clients. This section must include information on each component of the SRP (Continuing education, Observations, and Mentoring contacts) [maximum of 3 pages] A sample is provided.
12. **SECTION TWELVE: APPLICATION OF THE GUIDELINES FOR PRACTICE TO LEARNING EXPERIENCE:** Summary of how the applicant applied the ASHA Guidelines for Practice in Stuttering Treatment to the clinical experience with the three clients (maximum of 3 pages). A summary is provided.
13. **SECTION THIRTEEN: MENTOR VERIFICATION DOCUMENT:** Mentor summary report: A signed document regarding the experience of mentoring the applicant as well as attesting to his or her readiness to be a BRS-FD (max 3 pages).

A portfolio checklist is provided by the SBFDD Board. This checklist is used to assess the portfolios. Your portfolio should address every point on this list. This tool can be found on the SBFDD website <http://www.stutteringspecialists.org> in the Mentor Packet under the Mentors link.

Guidelines for the Video Presentation

The purpose of the video is to demonstrate an applicant's competency in dealing directly with the clients in the three case studies and their families. This should include examples of training, education, counseling, and modeling of specific strategies. In addition, the video should adhere to the following:

- *Have high quality sound and picture, but edited so that it shows a demonstration of a range of activities addressing all appropriate elements of treatment as well as interactions with parents/spouses.*
- *The video provided by the applicant should contain five (5) video clips approved by the mentor. You must provide at least one clip for each of the three case studies and these should be the same clients presented in the case studies.*
- *Each video clip can be no longer than 3 minutes.*
- *Each clip must be accompanied with a video guide that includes the following information: clip number, type of treatment, goal of clip, rationale for selection of goal, evaluation of client performance, and evaluation of clinical performance.*
- *Applicant must provide one clip for each of the following treatment components:*
 - *Establishing a baseline in affective, behavioral, and/or cognitive components*
 - *Teaching the client a particular skill*
 - *Practicing and reinforcing a particular skill*
 - *Planning transfer/maintenance with the client*
 - *Engaging in counseling with significant listeners (parents, siblings, spouse, etc.) This should clearly display counseling skills versus providing information for educational purposes.*
- *Both the video and its sleeve must be labeled with the clients' initials and ages. The video may be mailed either in a plastic, hard-covered video sleeve or a padded envelope to avoid damage, or submitted electronically. Do NOT put the clients name on the video.*
- *Please have faces showing on the tape.*

IV. STANDARDS FOR MAINTAINING SPECIALTY RECOGNITION IN FLUENCY DISORDERS

Board Recognition by the SBFD is granted for a three-year period beginning in June. In order to maintain BRS-FD status a specialist must meet certain annual and triennial standards. In addition to paying an annual fee individuals must maintain a high degree of knowledge and skills in the area of fluency disorders. To maintain knowledge each BRS-FD must accumulate a minimum of 4.5 ASHA approved CEUs (45 contact hours) during each three-year renewal period specifically related to fluency disorders and areas that impact the assessment and management of fluency disorders. In order to maintain clinical skills, specialists are expected to be actively engaged in clinical practice as well as stay current on advances in research and evidence based practice. To be actively engaged in clinical practice a specialist must attest to maintaining an average per year minimum of 100 clock hours of professional activities in the area of fluency disorders during the three year renewal period.

A. Implementation for Annual Membership Maintenance

1. Complete BRS-FD Annual Membership Form and Pay Annual Fees

*The BRS-FD must pay an annual fee (refer to fee section) to maintain BRS-FD status. A renewal notice will be sent by the Administrative Office, which includes a due date. Payment must be sent to the Administrative Office along with the completed **BRS-FD Annual Membership Form** to maintain current contact information.*

2. Verification of 100 Hours of Professional Activity

Each BRS-FD specialist is required to be active in the management (assessment, treatment, supervision and/or consultation) of clients with fluency disorders and/or their families by providing a minimum of 300 clock hours of clinical activity over a 3 year period. Proof of such practice will be attested to on the Annual Update Form. The SBFDF may request verification of professional activity.

B. Implementation for Three Year Renewal

1. Complete BRS-FD Three-Year Renewal, Annual Membership Form, and Pay Renewal Fee.

*A renewal notice will be sent by the Administrative Office, which includes a due date. Payment must be sent to the Administrative Office along with the completed **BRS-FD Three-Year Renewal Form**.*

2. Verification of 300 Hours of Professional Activity

Sign the section of the form attesting to a minimum of 300 hours of clinical practice in fluency disorders over a 3 year period.

3. Continuing Education Requirement

*Every third year from the initial awarding of BRS-FD status, renewal requires, in addition to payment of the annual fee and a completed **Three-Year Renewal Form**, documentation of 4.5 ASHA approved CEUs (45 contact hours). The CEUs must have been accumulated during the three-year period from when the BRS-FD designation was awarded or last renewed. At least 2.5 of the 4.5 CEUs must be in activities that explicitly address fluency or fluency disorders. Up to 2.0 of the 4.5 CEUs may be in other areas of practice that support fluency evaluation and treatment (e.g., counseling, course development, electronic devices for therapy, outcome measure development, health care administration/reform issues, etc.).*

The intent of the CEU requirement is that specialists will engage in continuing education activities that update and further enhance their ability to serve people who stutter. For this reason, a significant proportion of the CEU requirement must be in activities directly related to fluency and fluency disorders. At the same time, it is recognized that continuing education activities in other areas of knowledge and

practice can contribute to quality of practice in stuttering. For this reason, up to 1.0 CEU outside the area of fluency and fluency disorders can be applied to meet CEU requirements for renewal.

*Payment and required documents must be received by the Administrative Office on or before the due date to avoid late fees or possible revocation of BRS-FD status. The Board will respond to renewal applications within 60 days of their receipt. If the materials are approved, the BRS-FD will receive a Renewal Certificate, which indicates that the BRS remains in good standing for the next three years pending the continued receipt of the **Annual fees and Annual Membership Form**.*

V. Late Fees

A late fee (see fee section) will be assessed if renewal fees and required materials are not received by the Administrative Office **within 30 days of the due date**.

VI. Loss of Board Recognition

If required materials and fees are not received **within 90 days past the due date**, the BRS-FD will lose his or her Board Recognition status. His/her name will be removed from the list of specialists on the BRS-FD website and he/she may no longer use the designation of BRS-FD. ***A specialist will be notified through certified mail of loss of BRS-FD status.***

VII. Reinstatement Policy

A BRS-FD who loses their specialist status as a result of Standard VI above may be reinstated if all renewal documentation is submitted and all fees in arrears since the last three-year renewal period are paid. The cost of any certified letters sent to the specialist will be part of these fees. However, after three years of lapsed renewal, he/she must meet the initial Applicant standards in place at that time.

Implementation

*There are two situations in which reinstatement may be necessary. The first is for a specialist who has allowed their status to lapse in the first or second year of the three-year renewal. In this case reinstatement requires submission of a completed **Annual Membership Form** and payment of all fees (including late fees). The second situation is one that involves the third year. The third year renewal reinstatement requires submission of a completed renewal form, documentation of the required CEU's for the past three years, verification of at least 300 hours of clinical activity over a 3 year period, and payment of all fees (including late fees) within 90 days of the due date. If payment and required documentation have not been received within 90 days of the due date, he/she must meet the initial Applicant standards in place at the time renewal is requested.*

VIII. Leave of Absence Policy

The SBFD is aware that from time to time, a BRS-FD may have reason to request a leave of absence from active recognition status because of an inability to maintain the required annual clinical contact hours. This may be due to health and family issues, change in job requirements or graduate study requirements. The SBFD is desirous of assisting constituents whenever possible to maintain their BRS-FD status. Therefore, the Board has established the following policy for leave of absence.

- A BRS-FD who desires to take a leave of absence must write a letter (email is acceptable) to the SBFD requesting a leave and stating reasons for the leave and the length of time expected for the leave.
- A leave of absence may be granted ONLY for the requirement for clinical activity. If the request is granted the BRS-FD will be removed from the published roster of specialists for the duration of the leave and/or until a request for reinstatement has been approved. Reinstatement will be contingent upon the individual maintaining CCC-SLP, remaining current on SBFD fees and submission of a report summarizing CE activity that meets SBFD requirements.
- During the leave of absence period, the specialist must pay annual fees and meet Continuing Education requirements according to SBFD published CE guidelines.
- Requirements for maintaining active clinical practice will be suspended during the period of the leave of absence.
- Such a leave of absence is limited to a maximum of three years. If the candidate wishes to extend the leave beyond three years, he/she must reapply for the status under the then current standards.

IX. Table of Fees

Initial Application Fee	\$200
Annual Membership Fee	\$ 90
Late Fee	\$ 25

All fees are in US dollars and are due June 15th each year.

X. PROCESS FOR APPEALING DECISIONS OF THE SPECIALTY BOARD ON FLUENCY DISORDERS

In keeping with the Council for Clinical Specialty Recognition's (CCSR) guidelines, petitioners filing an appeal with the SBFD are assured of their rights to due process and fairness through the inclusion of the following essential appeals process components:

1. Notifications of hearings are timely.
2. A rationale for any Board action is provided.
3. Adequate time to investigate charges and prepare a defense is provided for those involved.
4. Opportunity to respond to charges and present evidence on a petitioner's behalf is assured.
5. The petitioner's right to be represented by a counsel is assured (as described below).
6. The opportunity to present witnesses and to cross-examine opposing witnesses is assured.
7. A written statement of the Board's reasons for a disciplinary action must be responsive to the evidence presented at a hearing.
8. Petitioners must be informed of their appeal rights.
9. Board decisions must be free from conflicts of interest.

A. General Principles

1. Individuals whose Specialist Recognition has been denied or revoked by the Specialty Board on Fluency Disorders may appeal that decision. The first level of appeal is a request for further consideration by the SBFD. If the SBFD sustains its decision, the individual may appeal the decision to the Board's "Appellate Body," consisting of three to five members of the profession appointed by the Specialty Board to staggered terms of from one to 3 years.

The names of the Appellate Body will be made known to petitioners prior to the Appellate Body being informed of the names of the individuals appealing a Board decision. Should an appellant believe that one or more members of the Appellate body should not address the appeal because of possible conflicts of interest, the appellant may petition the Board to alter the make-up of the Appellate Body. The board's responses to such petitions are final.

2. Denial or revocation of the BRS-FD by the Specialty Board on Fluency Disorders shall not become effective until the decision has become final (i.e., at the conclusion of further consideration and appeal).
3. In this appeals process document, the Specialty Board on Fluency Disorders shall be referred to as the Board. The Appellate Body is the group of persons to whom an appeal of a Board decision shall be made. Individuals who request further consideration, or appeal, of a decision made by the Board shall hereinafter be referred to as the Appellant.

Standards for Recognition as a Specialist shall be referred to as Specialist Standards. A request for further consideration shall be referred to as a Further Consideration Hearing.

B. Rules of Procedure for Further Consideration

1. Initial Decision

Notice of an adverse action (e.g., denial or revocation of BRS-FD) taken by a Board shall be contained in a document called the Initial Decision. The Initial Decision shall describe the basis for the adverse action, specifically addressing the Specialist Standard(s) that were not met. The Initial Decision shall reference and append the Rules of Procedure for Further Consideration and Appeals as adopted by the Board.

2. Notice of Initial Decision

a. Individual applicants for or holders of the BRS-FD shall receive written notice of the Initial Decision, which shall be sent by certified mail, return-receipt-requested, within 30 days of the Board's decision.

b. If the Board does not receive a request for a Further Consideration Hearing within 30 days of the date the Initial Decision was mailed, the Board's Initial Decision shall become final and there shall be no further rights of appeal.

C. Procedures for Further Consideration Hearing

1. Individual applicants or holders of BRS-FD who received an Initial Decision may request that the Board conduct a Further Consideration Hearing. The Further Consideration Hearing is an opportunity for an appellant to present additional oral and/or written information, documentation, and/or correspondence to demonstrate compliance with those Specialist Standards cited as deficient in the Initial Decision.

2. A request for a Further Consideration Hearing shall be in writing, addressed to the chair of the Board, and must be received within 30 days of the date that the Initial Decision was mailed. The request shall specify in what respects the Initial Decision was allegedly wrong. The Further Consideration Hearing shall be based solely on oral and/or written information and/or materials submitted to the Board.

D. Notice of Decision after Further Consideration

1. Appellants shall receive written notice of the Board's Decision after Further Consideration, which shall be sent by certified mail, return-receipt-requested within 30 days of the Board's decision. The notice shall reference and append the Specialty Board on Fluency Disorders Rules of Procedure for Further Consideration and Appeals.

2. The Decision after Further Consideration shall describe the basis for the Board's decision, specifically addressing the Specialist Standards that the appellant met or failed to meet.

3. If the “Appellate Body” (composition to be specified by the Specialty Board) does not receive a request for appeal of an adverse Decision after Further Consideration within 30 days after the date that Decision was mailed, the Board’s Decision after Further Consideration shall become final and there shall be no further right of appeal.

E. Appeal to the Appellate Body

An appellant shall have the right to appeal to the Appellate Body an adverse Decision after Further Consideration by the Board. The appeal to the Appellate Body shall be governed by the Rules of Procedures for Further Consideration and Appeals. The decision of the Appellate Body shall be final and there shall be no further right of appeal.

F. Rules of Procedure for Appeals

1. General Principles

- a. Individuals who’s BRS-FD has been denied or revoked by the Board may appeal the Decision after Further Consideration of the Board to the Appellate Body.
- b. The function of the Appellate Body shall be to review the record and to determine whether the Board followed required procedures, properly applied Specialist Standards, and based its decision on evidence that was in the record before it when it made its decision.
- c. An Appeal of the Boards decision shall be based on the Board’s record. All oral and/or written material that the Board considers in reaching its decision constitutes “the record.” The Appellate Body shall not receive or consider evidentiary matters that are not included in the record.

2. Conflict of Interest

In the interest of ensuring integrity of the appellate process, the Appellate Body, in considering Specialist Standards appeals, shall adhere to the following guidelines for avoiding conflict of interest or perception thereof that might impair the objectivity of the Appellate Body in reaching its decision.

- a. Appellants should be given the opportunity to inform the chair of the Appellate Body of any conflict or potential conflict they are aware of on the part of any Appellate Body member(s) and to ask that such member(s) be disqualified from participating in any manner in the appellate process.
- b. Any Appellate Body member who has a current professional or personal relationship with an appellant whose appeal is being adjudicated, or who in the recent past has had such a relationship, shall decline to participate in any manner in that appellate process. If an Appellate Body member has any doubt as to

whether he/she should decline to participate, the chair of the Appellate Body shall be asked to make the decision.

c. Members of the Appellate Body must maintain strict confidentiality at all times with respect to their deliberations and comments during the course of the appellate process. It is also incumbent upon all Appellate Body members to maintain strict confidentiality with respect to any action taken for so long as that action, under the Rules of Procedures for Further Consideration and Appeals, has not become public.

G. Rules Governing the Filing and Processing of Appeals

1. Within 30 days of the date upon which a certified, return-receipt-requested letter of denial from the Board was mailed to an appellant, the appellant shall submit to the chair of the Appellate Body a notice of intent to appeal. The appellant shall transmit a copy thereof to the chair of the Board and shall certify to the chair of the Appellate Body that a copy was transmitted.
2. Within 60 days of the date upon which the certified, return-receipt-requested letter of denial from the Board was mailed to the appellant, the appellant shall submit to the chair of the Appellate Body a written explanation of the grounds for the appeal. This explanation shall not introduce evidentiary matter not included in the record before the Board. The appellant shall transmit a copy thereof to the chair of the Board and shall certify to the chair of the Appellate Body that a copy was transmitted.
3. The chair of the Appellate Body shall assign a time for the requested Appeal Hearing and shall cause the appellant and the chair of the Board to be notified of the time and place thereof. Each shall have the right to appear in person or by designated representative and to present a statement or argument; or, alternatively, each shall have the right to present a statement or argument via conference telephone call.
4. Before the Appeal Hearing the Board shall furnish to the Appellate Body, for review by its members, complete copies of the record made before the Board.
5. The appellant and the Appellate Body shall be entitled to be represented by counsel at the Appeal Hearing. The chair of the Board shall be entitled to the assistance of a resource person at the Appeal Hearing.
6. No additional persons other than the appellant (or representative) shall be entitled to the assistance of a resource person at the Appeal Hearing.
7. Following introductory remarks by the chair of the Appellate Body, the appellant shall be heard first, then the Board. Finally, the appellant shall be afforded the opportunity for rebuttal.

8. After the Appeal Hearing, at a time fixed by the chair, the Appellate Body shall meet in closed session, with only the ASHA staff archivist and the legal advisor to the Appellate Body present, to consider its decision, which shall be reached by majority vote of those Appellate Body members in attendance at the Appeal Hearing.
9. The Appellate Body shall notify the appellant and the chair of the Board in writing within 30 days of its decision. The notice shall be mailed certified, return-receipt-requested.
10. All personal costs incurred by the appellant in connection with the appeal including travel and lodging, counsel, and other fees, shall be the appellant's sole responsibility.

H. Rules Governing the Filing and Processing of Accelerated Appeals

At the time of noting the intent to appeal or at any time before the Appeal Hearing, the appellant, for good cause, may request in writing that the chair grant an accelerated appeal to be heard before a panel of the Appellate Body.

- a. Appellant's request for an accelerated appeal shall be accompanied by a written acknowledgment and agreement that the Appeals Panel's decision (see item c. below) shall be final and in all respects the same as a decision in the matter by the Appellate Body as a whole.
- b. The chair of the Appellate Body shall inform the appellant within 10 business days of the decision whether the request for an accelerated appeal is granted.
- c. If the request is granted, the chair shall promptly appoint an Appeals Panel of three Appellate Body members, naming a chair thereof, to hear and decide the appeal. The panel shall follow, and be bound by, the procedures governing appeals before the Appellate Body as a whole, except that the panel may shorten the time for the filing of the appellant's written explanation of the grounds for appeal. Accelerated appeals may be conducted by conference telephone call.

APPENDICES

- A. Bylaws of the Specialty Board on Fluency Disorders
- B. Annual Report to the Council for Clinical Specialty Recognition (CCSR)
- C. Five Year Report to the Council for Clinical Specialty Recognition
- D. Council for Clinical Specialty Recognition Glossary of Terms Relating to Specialty Recognition
- E. Development of the Fluency Specialist Recognition Program: A Perspective
- F. References Cited in Specialty Board on Fluency Disorders Manual
- G. Guidelines for Practice in Stuttering Treatment (American Speech-Language-Hearing Association, 1995)
- H. Summary of Standards to Obtain BRS-FD

APPENDIX A
BYLAWS of the SPECIALTY BOARD ON FLUENCY DISORDERS

Article I - Name

The name of this Specialty Board is the Specialty Board on Fluency Disorders, hereinafter referred to as the Board.

Article II – Organization

2.1 Definition of Organization. The Specialty Board has oversight for the specialty recognition program in the area of Fluency Disorders.

Article III – Purposes

The purpose of this Board shall be to:

3.1 Establish, maintain, and periodically update the Standards for Recognition as a Specialist in the area of Fluency Disorders.

3.2 Maintain a fair and equitable process by which the American Speech-Language-Hearing Association certified speech-language pathologist can apply for and receive recognition as a specialist in the area of Fluency Disorders.

3.3 Through the maintenance of the standards for specialty recognition, promote the scientific base of clinical practice in the area of fluency disorders.

3.4 Foster improvement of clinical services and procedures in the area of Fluency Disorders.

3.5 Advocate the rights and interests of persons with a fluency disorder, their families, their caretakers, and their significant others.

Article IV - Board Members

4.1 Duties and Responsibilities. The members of the Board shall manage, supervise, and control its business, property, and affairs of the Board, including the establishment of a budget, the raising and disbursement of funds, and the adoption of rules and regulations for the conduct of business consistent with the Board's purposes.

4.2 Composition. The Board must be composed of not fewer than five members, one of whom will be a consumer of fluency services, or a family member of such a consumer, and not a speech-language pathologist. For the first and all subsequent elections, voting

members will receive a short biographical sketch describing the qualifications of each nominee.

4.3 Selection and Terms. Members of the Board will be elected by electronic vote by holders of Specialty Recognition, following a call for nominations. Members of the Board, after seeking input from those participating in the Fluency Specialty Recognition Program, will prepare the final slate of nominees. Board terms shall be for 4 years.

4.4. Removal and Vacancies. A member of the Specialty Board of Fluency Disorders may be removed from office by at least a two-thirds vote of Board Members. Vacancies occurring on the Board related to resignations, death, incapacity, or otherwise shall be filled by the Board's appointment of a replacement to complete the remainder of the term being vacated. A vacancy occurring on the Board by reason of an increase in the number of directors shall be filled by the Board appointment of an additional member to serve until the first scheduled general election after completing at least 12 months of service.

4.5 Term Limitations. Board terms of office are limited to no more than two consecutive 4-year terms. Board members may be reelected to the Board for multiple 4-year terms, so long as there is at least a 3-year hiatus between those terms. Board members appointed by the Board to complete vacated Board member positions may seek no more than two consecutive 4-year terms following completion of the term for which they were appointed.

4.6 Committees. The Board shall create and dissolve standing committees, councils, etc., and designate and change committee charges, size, composition, and terms as needed.

4.7 Chair. The Chair shall be the presiding officer of the Board. The Chair shall convene the annual meeting and any other meetings of the Board. The Chair shall be elected for a one-year term by a majority vote of the Board at its annual meeting held at the ASHA Annual Convention each calendar year. Chairs may serve for as many one-year terms as they remain on the Specialty Board for Fluency Disorders. The Chair shall serve as ex-officio member of every committee, council, and board established by the Board.

4.8 Other Officers. Other officers of the Board, elected annually shall be:

- a. Vice-Chair, charged with assuming the duties of Chair in the absence of the Chair. The Vice-Chair may also be assigned other responsibilities as deemed appropriate by the Chair.
- b. Secretary, charged with being responsible for the preparation of minutes for all meetings held by the Board, its committees, boards, and councils.

- c. Treasurer, the chief financial officer for the Board.
- d. Specialty Recognition Program Coordinator charged with managing SRP applications and keeping record on the status of all SRP applications.
- e. Technology Coordinator oversees website to ensure it is current and providing appropriate information to all users. Communicates needs to web master.
- f. Continuing Education Coordinator, charged to manage the on line courses program.

Article V – Meetings

5.1 Annual Meeting. The Board shall meet at least once each year. A quorum shall consist of a majority of the members of the Board.

5.2 Meetings. Meetings may be called at any time or from time to time at the direction of the Chair or by a majority of the Board. At the direction of the Chair, meetings may be held and business conducted by conference telephone or similar communications equipment, if all persons participating in the meeting can communicate with each other at the same time. Participation in a meeting by such means shall constitute presence in person at the meeting.

5.3 Notice: Notice of the time, date, and place of each meeting shall be given at least 15 days prior thereto by notice by phone, fax, or electronic mail to each member of the Board at his or her address. The purpose or purposes for each meeting shall be stated in the notice thereof.

Article VI – Administration

6.1 Reports. The Board shall submit to the American Speech-Language-Hearing Association's Council for Clinical Specialty Recognition an Annual Report in the format specified by the Council for Clinical Specialty Recognition.

6.2 Fiscal Year. The fiscal year of the Board shall commence on January 1 and terminate on December 31.

6.3 Amendments. Amendments to these Bylaws may be proposed by a majority vote of the Board and approved by a majority vote of those holding Specialty Recognition in Fluency Disorders.

6.4 Staff. Staff members to assist Board members in administering and monitoring the Specialty Board on Fluency Disorders may be employed as needed and as resources permit.

Article VII - Dissolution

The Board may be dissolved by a unanimous vote of the Board and the majority vote of the holders of Specialty Recognition in Fluency Disorders.

APPENDIX B

SPECIALTY BOARD ANNUAL REPORT TO THE COUNCIL FOR CLINICAL SPECIALTY RECOGNITION

Instructions: If a Specialty Board is within the first year of operation following approval of its Stage II Application it may elect to complete **Part I** only. Specialty Boards that have begun to process applications should also complete Part II.

PART I—To be completed by Specialty Boards that are within their first year of operation following approval of a Stage II Application.

1. The Specialty Board Manual has been developed and approved by the CCSR.
____ Yes (Please indicate date of approval _____).
____ No (Please indicate projected date of completion _____).
2. The Specialty Board has completed the processes to ensure corporate status and organizational viability.
____ Yes (Please attach documentation).
____ No (Please indicate the projected date of completion _____).

[Items #1 and 2 must be completed before the Specialty Board begins to process individual applications for specialty recognition.]

3. The Specialty Board has begun processing applications for specialty recognition.
____ Yes (Please provide the number received to date _____).
____ No (Please indicate the projected date this will begin _____).
4. Has specialty recognition status been awarded to any individual applicants?
____ Yes (Please provide the number received to date _____).
____ No (Please indicate the projected date this will begin _____).
5. Please provide documentation that the Specialty Board has adequate financial resources for administering its operations, including the application processes, Specialty Board meetings, and maintenance of the program. Please provide a complete financial statement with documentation of fees, collections, disbursements, and account balances.
6. If no progress is reported in the above areas, please explain the work underway and any factors that may have delayed progress: _____

PART II—To be completed by Specialty Boards that have been established longer than 1 year following approval of a Stage II Application.

A. SPECIALTY PROCESS

1. Has the Specialty Board processed any individual applications for specialty recognition during the past year?
 Yes (Please provide the number to date _____).
 No
2. Has the Specialty Board awarded specialty recognition to any individual applicants during the past year?
 Yes (Please provide the number to date _____).
 No
3. By what means were individual applicants informed of the application process including costs. Please attach supporting documentation (form letters, brochures, etc.)
4. How long did it take the Specialty Board to process applications from time of receipt to time of notification of specialty recognition?
5. What are your mechanisms to insure that all applications are reviewed systematically and without bias?
6. Describe your procedures and timelines for collecting, recording and depositing applicable fees.

B. REVISIONS

1. Does the Specialty Board plan any revision of its *Specialist Standards* within the coming year?
 Yes (Please attach a detailed explanation).
 No
[All changes in the *Specialist Standards* must be presented to the CCSR for approval at least 6 months prior to planned implementation.]
2. Have there been any changes in the Specialty Board's procedures within the past year?
 Yes (Please attach a detailed explanation).
 No
3. Does the Specialty Board plan any changes in its Articles of Incorporation or By-Laws within the coming year?
 Yes (Please attach a detailed explanation).
 No

C. COMPLAINTS

1. Has the Specialty Board received any complaints during the past year?
 Yes (Please provide information about the nature of the complaints and how they were handled.)
 No
2. Have any of the Specialty Board's decisions been appealed during the past year?
 Yes (Please provide information about how they were handled.)
 No

PART II—Cont.

D. SPECIALTY BOARD VIABILITY

1. Has the Specialty Board been maintained as an independent organizational entity with appropriate liability protection?
 Yes
 No (Please provide justification of current corporate status and liability protection)

2. Does the Specialty Board plan any changes in its corporate status or liability protection in the coming year?
 Yes (Please explain the planned changes)
 No

3. Has the Specialty Board completed an assessment or gathered data in the past year regarding the success and relevance of its specialty recognition program (e.g., Have any modifications of its *Specialist Standards* been driven by advances in this area of specialization? What is the level of consumer satisfaction? See Section III. D. in the *Guidelines for Specialty Boards*; this must be done at least every 5 years or more often as deemed necessary).
 Yes (Please attach documentation of the completed assessment/data)
 No (Please provide anticipated dates of future assessments/data)

4. The Specialty Board must document that in the past year, it has maintained, and will continue to maintain, adequate financial resources for administering its program, including: the application and award processes; maintenance of the Specialty Board; and Specialty Board meetings. Please provide a complete financial statement with documentation of fees collected, disbursements, and account balances.

ADDITIONAL INFORMATION OR COMMENTS

APPENDIX C

SPECIALTY BOARD FIVE YEAR REPORT TO THE COUNCIL FOR CLINICAL SPECIALTY RECOGNITION

Instructions: This report should be completed and submitted to the Council for Clinical Specialty Recognition in each fifth year cycle on the anniversary date of the establishment of the Specialty Board. This report is submitted in lieu of the Annual Report.

Section I: Adherence to Standards for Recognition as a Specialty Area of Practice (If the answer to any of these questions is NO please submit an explanation to the CCSR)

- Is the specialty area neither parallel to nor subsumed within the scope of practice of another area of specialization?
 Yes
 No
- Does the specialty area affect a definable population of consumers whose needs require a distinct body of knowledge, skills, and experience?
 Yes
 No
- Does the specialty area represent a distinct and definable body of knowledge and skills, grounded in basic and applied research, as well as in principles derived from professional practice?
 Yes
 No
- Is the specialty area one in which individual practitioners currently practice and/or are required for the delivery of services to consumers?
 Yes
 No
- Does the specialty area have mechanisms for acquisition of the required knowledge, skills, and experience?
 Yes
 No

Section II: Adherence to Standards for Recognition as a Specialist (Specialist Standards)

- *ASHA Certification* – Describe how the Board monitors that all Specialists currently hold the ASHA Certificate of Clinical Competence (CCC).
- *Post-Certification Experience* – Describe the specific requirements for post-CCC experience and what mechanisms the Board uses to monitor those requirements.

- *Education* – Describe how the Board documents that each Specialist has the specialized preparation that goes beyond the preparation specified to satisfy the requirements for the CCC (e.g., educational programs, specific courses, mentorships, internships).
- *Assessment of Knowledge* – Describe how the Board assesses knowledge, skills, and experience of the practitioner in the specialty area (e.g., tests, case presentations, demonstration of skills in the presence of examiners).
- *Maintenance and Renewal* – Describe the procedures used by the Board for renewal as a clinical specialist.

Section III: Review, Assessment and Evaluation of the Specialty Recognition Program

- Describe how the Board assesses the success and relevance of the Specialty Recognition Program from the perspectives of the professional and the consumer (e.g. job satisfaction, reimbursement, consumer satisfaction, effectiveness of strategies utilized to market the Specialty Recognition Program).
- Describe how the Board has reviewed the Specialist Standards in light of advances in the prescribed area of specialization. Note: Changes in standards must be reviewed by the CCSR prior to their implementation.
- Provide a strategic plan for the Specialty Board for the next five years.
- Submit a budget for the Specialty Board for the next five years.

APPENDIX D

COUNCIL FOR CLINICAL SPECIALTY RECOGNITION GLOSSARY OF TERMS RELATING TO SPECIALTY RECOGNITION

Accelerated Appeal – a written request by an appellant to the Chair of the Board to grant an accelerated timeline for an appeal of the Specialty Board’s adverse Decision after Further Consideration. The request must be made at the time of noting the intent to appeal or at any time before the Appeal Hearing.

Advocate – a CCSR member designated as a liaison between the Specialty Board and the CCSR. This individual has responsibility to maintain contact with the Board, represent the Board in communications with the CCSR, interpret CCSR communications to the Board, attend one Board meeting per year, review the Board’s annual report and provide feedback to the Board regarding the annual report prior to its submission to the CCSR.

Anniversary Date – the date the certified letter was mailed to the Petitioning Group with approval of its recognition as a specialty area and approval to proceed with establishment of the Specialty Board.

Appellant – an individual who requests further consideration or appeal of a decision of a Specialty Board when specialist recognition has been denied or revoked by the Board.

Appeals Hearing – appeal of a Specialty Board’s adverse Decision after Further Consideration. Individuals whose specialist recognition has been denied or revoked by a Specialty Board may appeal that decision to the Council for Clinical Specialty Recognition.

Area Recognition – refer to definitions for Recognition as a Specialty Area.

Area Standards – refer to definition for Standards for Recognition as a Specialty Area.

Council for Clinical Specialty Recognition – 11-member board charged by ASHA to administer a high quality and efficient Specialty Recognition Program for a specialized area of clinical practice in audiology and speech-language pathology. Recognizes Specialty Boards upon ruling that a Petitioning Group’s application has met the Specialty Recognition Standards. Monitors each Specialty Board to ensure that it administers its specific Specialist Standards efficiently and fairly and imposes equitable documentation requirements on all applicants.

Decision After Further Consideration Hearing – decision rendered by the Specialty Board following a Further Consideration Hearing in which the Specialty Board reviews its adverse Initial Decision. The Decision after Further Consideration Hearing is sent in

writing to the appellant describing the basis for the Board's decision, specifically addressing the Specialist Standards that the appellant met or failed to meet.

Financial Viability – maintenance of adequate financial resources (documented in the annual report) by the Specialty Board for administering the Specialty Board, including: the application and award processes, maintenance of the Specialty Board, and Board meetings.

Further Consideration Hearing – first level of appeal for individuals whose specialist recognition has been denied or revoked by a Specialty Board. Referred to as a request for Further Consideration Hearing by the Specialty Board.

Guidelines for Specialty Commission – document written and revised as necessary by the CCSR to provide the framework within which Specialty Boards function and to provide guidance in the operation of a Board.

Inaugural Board – the first Specialty Board in a particular specialty area, which is recognized by the CCSR, upon successful completion of the process or application for recognition as a specialty area.

Independent Verification – the CCSR is obligated, in order to make an informed decision, to seek independent verification that the area is unique, does not critically overlap the scope of another area of specialization, is readily distinguishable by consumers and practitioners, and that the Petitioning Group is composed of specialists practicing in the area. Such verification may be initiated by the CCSR at any time throughout the application process. The CCSR will make any such written comments, obtained from independent verification, available to the Petitioning Group, up to ten (10) calendar days before the meeting at which the application is to be considered by the CCSR. Responses from the Petitioning Group will be accepted until the call to order of the CCSR meeting.

Initial Decision – the document that contains a Specialty Board's notice of an adverse action (e.g., denial or revocation of specialist recognition) to an individual holding specialist recognition. The Initial Decision describes the basis for the adverse action, specifically addressing the Specialist Standards that were not met.

Notice of Adverse Action – denial or revocation of specialist recognition by a Specialty Board.

Operational Procedures Handbook of the CCSR – document that outlines the operational procedures of the CCSR.

Organizational Viability – maintenance of Specialty Board as an independent organizational entity with appropriate liability protections.

Petitioning Group – a group of practitioners in a particular specialty who decide to seek recognition as a specialty area.

Primary Facilitator – a member of the CCSR assigned by the CCSR Chair to assist the Petitioning Group throughout both stages of the application process.

Probation – a period of restrictive status, not to exceed 12 months, placed upon a Specialty Board by the CCSR upon failure of the Board to comply with one or more of the CCSR requirements. Successful completion of probation results in restoration of non-restrictive status. Failure to meet probationary requirements results in a revocation of ASHA’s affiliation with the Board.

Probation Consultant – liaison between a Specialty Board and the CCSR when a Board has been placed on probation by the CCSR; assists the Board in resolving cited deficiencies; a member of the CCSR and appointed by the Chair of the CCSR.

Recognition as a Specialist (Specialist Recognition) – conferred by a Specialty Board to individual practitioners in the particular specialty area when the Standards for Recognition as a Specialist is met. Requires evidence of knowledge, skills, and experience in a specialized clinical area beyond that provided by an entry-level educational program.

Specialty Area – an area of specialization encompasses a particular clinical aspect within the scope of practice of Speech-Language Pathology and/or Audiology; achieves a definable outcome related to the uniqueness of an identifiable consumer need; requires advanced knowledge, skills, and experience beyond the entry level; and is not specific to a particular methodology or technology (i.e., can be technology-dependent, but is not tied to a particular piece of technological equipment or technique/approach). Areas of specialization should be readily distinguishable by consumers and practitioners. The definition of a Specialty Area should be written in consumer-friendly language.

Specialist – individual practitioner who applies for recognition as a specialist and meets the knowledge, skills, and experience criteria of the Standards for Recognition as a Specialist. The title of specialist is conferred by a Specialty Board.

Specialist Recognition – refer to definition for Recognition as a Specialist.

Specialist Standards – refer to definition for Standards for Recognition as a Specialist.

Specialty Board – governing body in a particular specialty area recognized by the CCSR as the Specialty Board, and which demonstrates compliance with the Standards for Recognition as a Specialty Area. Charged by the CCSR to administer a high quality and efficient program of recognition for specialists in (an) areas of clinical practice in audiology and/or speech-language pathology.

Specialty Recognition Program – a voluntary program of specialty recognition (i.e., recognition as a specialty area, and recognition as a specialist) for clinical practitioners in audiology and speech-language pathology. Based on the concept of non-exclusionary specialty recognition, and assumes that a majority of practitioners will continue to provide broad-based clinical services. Dependent on compliance with Specialty Recognition Standards.

Specialty Recognition Standards – standards adopted and implemented by the CCSR for compliance with the Specialty Recognition Program. Includes both Standards for Recognition as a Specialty Area and Standards for Recognition as a Specialist. Compliance required by Specialty Boards in order to be recognized by the CCSR; and in order for the Board to confer recognition as a specialist.

Standards for Recognition as a Specialist (Specialist Standards) – standards adopted and implemented by Specialty Boards in the particular areas that meet the following requirements of Specialty Recognition Standards: ASHA Certification, post-certification experience, education, assessment of knowledge, and maintenance and renewal. Compliance is necessary in order for the Board to confer recognition as a specialist to practitioners.

Standards for Recognition as a Specialty Area (Area Standards) – standards adopted and implemented by the CCSR to recognize specialty areas of practice. The Standards for Recognition as a Specialty Area represent the sole criteria to be applied by the CCSR in determining whether the applicant Petitioning Group will be successful in establishing a Specialty Board.

APPENDIX E

DEVELOPMENT OF THE BRS-FD RECOGNITION PROGRAM: A PERSPECTIVE FROM THE FOUNDING COMMISSION

A. Fluency Disorders Defined

The term “fluency disorders” is popularly used as an umbrella term to refer to speech rate, rhythm, and prosodic abnormalities of any origin. Fluency disorders are observed in the speech of individuals having experienced cerebral vascular accidents, those experiencing Tourette’s Syndrome, and individuals experiencing such conditions as dysarthria, dyspraxia, cluttering, spasmodic dysphonia, palilalia, and, of course, the most commonly thought-of disorder when fluency disorders are mentioned, stuttering. The term “stuttering” is frequently used by professionals concerned with assessing and treating those who stutter as a diagnostic label referring to a clinical syndrome characterized most frequently by abnormal and persistent dysfluencies in speech accompanied by characteristic affective, behavioral, and cognitive patterns.

As many as 1 out of every 20 children (5%) experience periods of dysfluency of sufficient duration and severity to cause observers to use the term stuttering in describing the behavior (Cooper & Cooper, 1996; Manning, 1996). The incidence of fluency disorders (the frequency with which the problem “ever” occurs in a population) is generally conceded to be about 5% and the prevalence (the frequency with which the problem “continues” in a population) is generally conceded to be around 1 percent (Ham, 1990). On the basis of the prevalence rate, it is estimated that as many as 3.0 million Americans experience a chronic fluency disorder. The effects of the fluency disorders on both children and adults are profound and impact on all aspects of human communication and interaction (Bloodstein, 1995; Manning, 1996). With the relatively high incidence rate of fluency disorders in children and the prevalence of chronic stuttering in a significant number of adolescents and adults, it is understandable that communication disorders specialists have identified stuttering as one of the major categories of communication disorder types.

Fluency is acknowledged as an area for study and for clinical intervention in the American Speech-Language-Hearing Association’s (ASHA) standards programs. The Council for Clinical Competence (CFCC) defines speech disorders as including “disorders of articulation, voice, and fluency” (*Clinical Certification Board Implementation Procedures for the Standards for the Certificates of Clinical Competence*). Standards established by ASHA for the accreditation of academic programs in the discipline and standards established for Certificates of Clinical Competence require educational programs to provide academic coursework and clinical experiences in fluency and fluency disorders. A distinct and definable body of knowledge exists pertaining to fluency disorders, as evidenced by the vast number of publications devoted specifically to fluency and fluency disorders, by the proliferation in recent years of texts focusing on fluency and fluency disorders, and by the publication of basic and

applied research in the area. Basic and applied research pertaining to fluency disorders is included in journals such as: *Journal of Speech and Hearing Research*, *American Journal of Speech-Language Pathology*; *Language, Speech, Hearing Services in Schools*; *Journal of Fluency Disorders*; *Journal of Acoustical Society of America*; and *the Journal of Communication Disorders*.

Fluency disorders are acknowledged as being one of the definable areas of practice in the ASHA's official statement pertaining to the scope of practice for speech-language pathologists. In addition, the uniqueness of the area of practice pertaining to fluency disorders is further acknowledged by the ASHA's Legislative Council (LC) having adopted, as an official Association statement, the "Guidelines for Practice in Stuttering Treatment" (ASHA, 1994). These guidelines were developed by the Association's Special Interest Division 4, Fluency and Fluency Disorders. Federal legislation, state department of education guidelines, and state licensure laws pertaining to the provision of services to those with speech, language, and hearing impairments include references to those with fluency disorders and the qualifications of professionals who provide services to them.

Data obtained by the ASHA indicate that the majority of practicing speech-language pathologists provide services to individuals with a fluency disorder. Finally, several consumer, self-help, and support groups for those who stutter operate in the United States of America. Among them are The Stuttering Foundation of American, The National Stuttering Association, The Speak Easy International Foundation, and Friends.

ASHA's Fluency and Fluency Disorders Special Interest Division 4 is the only national professional organization devoted to the area of fluency and fluency disorders. The division has grown steadily since its inception in 1991 with the number of affiliates reaching over 800 by 2003. In the early years of the Special Interest Division program, the Fluency and Fluency Disorders Division consistently maintained the highest percentage of affiliate annual renewal. The division's affiliates appear representative of speech-language pathologists with particular interests in fluency and fluency disorders. Approximately one-third of the affiliates are located in healthcare environments, one third in the nation's schools, and one-third in colleges and universities.

B. Need to Educate BRS-FDs

The need to educate BRS-FDs has been recognized by both the consumer and professional communities for many years. Reports of research into the attitudes of clinicians towards the treatment of those who stutter, for more than a quarter of a century, consistently led professionals to call for the education of BRS-FDs (examples of such studies include the following: Yairi & Williams, 1970; Woods & Williams, 1971; Cooper, 1975; Woods & Williams, 1976; Turnbaugh, Guitar, & Hoffman, 1979; St. Louis and Lass, 1981; Cooper & Cooper, 1982, 1985; Cooper & Rustin, 1985; Lass, Ruscello, Pannbacker, Schmitt, & Everly-Myers, 1989; Ragsdale, J. & Ashby, 1982; St. Louis & Durrenberger, 1993; Sommers & Caruso, 1995; Cooper & Cooper, 1996).

Typical of the interpretations of results in the above noted studies is that of Cooper and Cooper (1985) who, after studying the attitudes of 674 speech-language pathologists, observed:

In view of the fact that 77% of the clinicians studied believed most clinicians to be inept in treating stutterers, the results of this study could be interpreted as being powerful evidence for the need to educate specialists to deal with fluency problems. The call for BRS-FDs is strengthened further by the results indicating 92% of the clinicians studied agreed that clinicians working with stutterers need to be skilled in counseling techniques. Unfortunately, according to a recent Professional Self-Study Project (ASHA, 1982), counseling is one of the areas of education most noticeably lacking in the discipline's professional education programs throughout the nation (1985, p. 32).

The Stuttering Foundation of America, established over 55 years ago by an individual who stuttered, for over 20 years supported professional efforts at educating specialists. Such efforts have been most notably achieved by the Foundation's continuing sponsorship of an annual summer institute at Northwestern University expressly identified as an education program for "BRS-FDs". In addition, leaders of the National Stuttering Project, Speak Easy International, and the National Council on Stuttering (the leading national consumer and self-help groups for those who stutter) expressed support for the division's efforts in establishing a BRS-FD recognition program through their participation in the division's Leadership Conferences focusing on the issue as well as through their letters of support.

C. The Move Towards BRS-FD

As noted above, discussions regarding the need to develop some form of recognition for speech-language pathologists specializing in serving individuals with fluency disorders have appeared frequently in the professional literature for the past quarter of a century. However, it was not until the late 1980s, when leaders within the Association were successful in developing legislation establishing special interest divisions within the Association's structure, that the dream of developing specialty recognition programs became viable. With the establishment in 1991 of Special Interest Division 4, Fluency and Fluency Disorders, professionals with particular interests in fluency were provided, for the first time, a national organization that facilitated continuing consensus-building discussions addressing complex issues pertaining to fluency and fluency disorders.

Immediately following the 1991 establishment of Special Interest Divisions, leaders of the Division on Fluency and Fluency Disorders began lobbying ASHA to establish a voluntary program for specialty recognition. Even before the Association's leadership responded to such lobbying, the division sponsored the First Annual Leadership Conference that was focused on developing guiding principles for a fluency recognition program. Early in 1994 it became apparent that a resolution calling for the establishment of specialty recognition program was to be voted upon at the November 1994 meeting of the Association's Legislative Council (LC). Through the cooperative efforts of the Fluency Division affiliates and the self-help and support groups for those who stutter,

Legislative Councilors were made aware of the very real need for the recognition of BRS-FDs.

In November 1994, the Association's LC passed legislation authorizing the implementation of specialty recognition programs. A Clinical Specialty Board (CSB) was quickly begun in 1995 and within a year had established policies and procedures for establishing specialty commissions. In recent years the rapid expansion of the speech-language pathology scope of practice and the development of support and self-help groups for those experiencing fluency disorders have increased significantly the profession's and the consumer's awareness of the need for BRS-FDs. On the basis of surveys of the division affiliates, it quickly became evident that the affiliates wished to pursue the establishment of guidelines for clinical practice in fluency and the establishment of a fluency specialty recognition program. In its first 3 years of existence, the division's Steering Committee was able to develop fluency practitioner guidelines that received the approval of the division's affiliates and subsequently were approved by the LC and are now official Association guidelines. The Steering Committee began addressing the specialist issue by initiating annual leadership conferences.

Seventy-five division affiliates, representatives of support and self-help groups, invitees representing the International Fluency Association, and other Association personnel with special interest in fluency and fluency disorders, meeting in Hilton Head, SC in April, 1994, developed guiding principles for a specialty recognition program. These guiding principles, approved by conference participants, were incorporated by the division's Steering Committee into a document describing a BRS-FD recognition program and circulated for the review and approval of the conference participants.

Following the revision of that document in keeping with the conference participants' suggestions, the document was mailed to all of the division's affiliates and once again to non-affiliate conference participants for their review and approval. Twenty-one affiliates, all of whom approved of the document, made editorial suggestions prior to the public forum on the issue scheduled in conjunction with the 1994 ASHA Convention. One hundred twenty-five affiliates and non-affiliates, in a 3-hour meeting in November 1994 at the ASHA Annual Convention, reviewed the developing document and voiced overwhelming support for the specialty recognition program being described. Participants at that meeting expressed the desire to continue the development of the document at the division's Second Annual Leadership Conference to be held in 1995.

Seventy-five individuals attended the division's Second Annual Leadership Conference held in Colorado Springs, CO in April 1995, and once again the focus of the conference was on addressing principles concerning the development and implementation of a fluency specialty recognition program. Having addressed the general principles of a specialty recognition program in 1994, the 1995 conferees focused on specific issues, such as defining mentoring relationships, procedures for identifying and maintaining a cadre of mentors, and the economic parameters for establishing and maintaining a fluency

specialty recognition program. In a series of votes, conferees approved a set of guiding principles to be followed in addressing these issues.

By the conclusion of the Second Annual Leadership Conference, the Steering Committee members concluded that they had received sufficient guidance from the division's affiliates to enable them to complete the design of a specialty recognition program. The Steering Committee drafted a document entitled "A Petition to the Clinical Specialty Board for the Establishment of a Commission on Fluency Disorders." In June 1995, that document was mailed to the Second Annual Leadership Conference participants for their review and approval. In late August and early September 1995, the Steering Committee, after reviewing the conference participants' suggestions, completed yet another revision of the "petition." In September 1995 the revised petition was mailed to all affiliates for their review and approval.

Forty affiliates returned a completed "Response Form" in reaction to the September 15, 1995 draft of "A Petition to the Clinical Specialty Board for the Establishment of a Commission on Fluency Disorders." Nineteen (48%) of the respondents indicated agreement with the document without comment. Seventeen (42%) of the respondents agreed with the basic content of the document, but indicated they did have comments to make and did so. Four (10%) of the respondents indicated disagreement with the basic content of the document and added comments to explain their position. Thus, 36 (90%) of the respondents agreed with the basic content of the petition while 4 (10%) did not.

One hundred twenty affiliates, meeting at the December 1995 ASHA Convention, were provided with a summary of affiliate responses to the proposed fluency recognition program and were asked to make additional comments. As with the written comments noted above, the single most divisive issue was the inclusion in the petition of a category for "Honorary Mentors." It was the consensus of the members attending that discussion that the category of Honorary Mentors should be removed from the petition. Although no formal vote was taken at the meeting, it was the judgment of all Steering Committee members present that the September 15, 1995 draft of a petition to establish a fluency specialty recognition program, with the exception just noted, was overwhelming approved by the affiliates in attendance.

Confident that the vast majority of the division's affiliates, the nation's only organized national body of fluency practitioners supported the proposed fluency specialty recognition program, the Fluency Steering Committee petitioned the CSB to approve the establishment of a Specialty Commission on Fluency Disorders. In March 1997 Division 4 was informed that ASHA's CSB had approved the establishment of a Specialty Commission on Fluency Disorders. Subsequently, in November 2000, CSB voted to designate Specialty Commissions as Boards (e.g., Specialty Board on Fluency Disorders) and itself as the Council for Clinical Specialty Recognition (CCSR).

APPENDIX F

REFERENCES CITED IN SPECIALTY BOARD ON FLUENCY DISORDERS MANUAL

American Speech-Language-Hearing Association. (1982). *Professional self-study project: A summary of the ten regional study groups' recommendation relative to training*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (1994a). *Guidelines for Practice in Stuttering Treatment*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (1994b). *Report of the Ad Hoc Committee on Specialty Recognition*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (1997). *Preferred practice patterns for the profession of speech-language pathology*. Rockville, MD: Author.

American Speech-Language-Hearing Association, Clinical Specialty Board. (1997). *Guidelines for specialty commissions*. Rockville, MD: Author.

Bloodstein, O. (1995). *A handbook on stuttering (5th Edition)*. San Diego, CA: Singular Publishing Group.

Cooper, C.S., & Cooper, E.B. (1982) Clinician attitudes toward stuttering in the United States and Europe. *SHAA: A Journal of the Speech and Hearing Association of Alabama*, 2, 11-19.

Cooper, E.B. (1975). Clinician attitudes toward stuttering: A study of bigotry? Paper presented at the convention of the American Speech-Language-Hearing Association, Washington, D.C.

Cooper, E.B., & Cooper, C.S. (1985). Clinician attitudes toward stuttering: A decade of change (1973-1983). *Journal of Fluency Disorders*, 10, 19-23.

Cooper, E.B., & Cooper, C.S. (1996). Clinician attitudes toward stuttering: Two decades of change. *Journal of Fluency Disorders*, 21, 119-136.

Cooper, E.B., & Rustin, L. (1985). Clinician attitudes toward stuttering in the United States and Great Britain: A cross-cultural study. *Journal of Fluency Disorders*, 10, 1-17.

Ham, R.E. (1990). *Therapy of Stuttering*. Englewood Cliffs, NJ: Prentice Hall.

Lass, N., Ruscello, D., Pannbacker, M., Schmitt, J., & Everly-Myers, D. (1989). Speech-language pathologist's perceptions of child and adult female and male stutterers. *Journal of Fluency Disorders*, 14, 127-134.

Manning, W.H. (1996). *Clinical decision making in the diagnosis and treatment of fluency disorders*. New York, NY: Delmar Publishers.

Ragsdale, J., & Ashby, J. (1982). Speech-language pathologists' connotations of stuttering. *Journal of Speech and Hearing Research*, 25, 75-80.

St. Louis, K.O., & Durrenberger, C.H. (1993). What communication disorders do experienced clinicians prefer to manage? *Asha*, 23-31.

St. Louis, K.O., & Hinzman, A.R. (1988). A descriptive study of speech, language, and hearing characteristics of school-aged stutterers. *Journal of Fluency Disorders*, 13, 331-335.

St. Louis, K.O., & Lass, N.J. (1981). A study of communicative disorders student's attitudes toward stuttering. *Journal of Fluency Disorders*, 6, 49-80.

Sommers, R.K., & Caruso, A.J. (1995). Inservice training in speech-language pathology: Are we meeting the needs for fluency training? *American Journal of Speech-Language Pathology*, 4, 22-24.

Turnbaugh, K.R., Guitar, B.E., & Hoffman, P.R. (1979). Speech clinicians' attributions of personality as a function of stuttering severity. *Journal of Speech and Hearing Research*, 22, 37-45.

Woods, C.L., & Williams, D.E. (1971). Speech clinicians' conceptions of boys and men who stutter. *Journal of Speech and Hearing Disorders*, 36, 225-234.

Woods, C.L., & Williams, D.E. (1976). Traits attributed to stuttering and normally fluent males. *Journal of Speech and Hearing Research*, 19, 267-278.

Yairi, E., & Williams, D.E. (1970). Speech clinicians' stereotypes of elementary school boys who stutter. *Journal of Communication Disorders*, 3, 161-170.

APPENDIX G

GUIDELINES FOR PRACTICE IN STUTTERING TREATMENT (American Speech-Language-Hearing Association, 1995)

Can be found at:

<http://www.asha.org/docs/html/GL1995-00048.html>

APPENDIX H

SUMMARY OF STANDARDS TO OBTAIN SPECIALTY RECOGNITION IN FLUENCY DISORDERS

1. Identify mentor.
2. Submit Application and Specialty Recognition Plan.
3. Board approval to proceed is required. Pay Application Fee.
4. Complete Continuing Education Requirements.
5. Complete Guided Practice Requirements.
6. Submit Requirements for Reporting Completion of Specialty Recognition Program (portfolio and video). Board approval to proceed is required.
7. The Specialty Board on Fluency Disorders approves you to be designated as a Board Recognized Specialist in Fluency Disorders.
8. Receive the Certificate of Specialty Recognition in Fluency Disorders.
9. You have earned the designation of fluency specialist and may use the official designator of BRS-FD as in:

Charles Van Riper, PhD, CCC-SLP, BRS-FD