American Board of Fluency and Fluency Disorders

STANDARDS & PROCEDURES MANUAL

Board Certification in Fluency (BCS-F)

Approved by the American Speech Language Hearing Association's Council for Clinical Certification in Audiology and Speech Language Pathology's Committee for Clinical Specialty Certification (CCSC)

Revised by the American Board of Fluency and Fluency Disorders

2020

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American Board of Fluency and Fluency Disorders
Manual Forward

Many individuals contributed to the establishment of the *original* Specialty Board on Fluency Disorders and the program for creating a cadre of Board Recognized Specialists in Fluency Disorders (BCS-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 specialists in the fluency and fluency disorders. 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. In addition, we dedicate this manual to those board members who assisted prior to and during the transition from a recognition program to a specialty certification program.

This Specialty Certification Program has moved beyond the induction of its inaugural cadre, followed by mentoring and developing further Board certification in fluency, and now providing certification in the area of fluency and fluency disorders. We were the first in ASHA's history to develop and maintain such a program, and we now continue to grow into a certification process. This edition of this manual, approved by the CFCC, provides guidance for a professional to become a Board Certified Specialist in Fluency and Fluency Disorders (BCS-FD).

Finally, the American Board of Fluency and Fluency Disorders (ABFFD) would like to give thanks to all professionals who worked diligently, volunteering time and effort for specialization on behalf of those with fluency disorders, including previous board members, especially those members of the Founding Commission:

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

We remain dedicated to the specialty certification process, grateful for your initial contributions, and honoring those we ultimately are committed to serve.

Rita D. Thurman, Chair, ABFFD
Members of the ABFFD, 2019

I. Introduction

This manual details specific policies, standards and procedures through which the Board fulfills its charge of administering a high-quality program for the certification of specialists in fluency disorders. To maintain its recognition by the American Speech-Language-Hearing Association as an approved Specialty Certification Board, the policies, standards, and procedures noted herein are consistent with those described in the American Speech Language Hearing Association's Council for Clinical Certification in Audiology and Speech Language Pathology's (CFCC) Committee for Clinical Specialty Certification, *Guidelines for Specialty Commissions* (ASHA, 1997). Included in this manual are the Board's charge, responsibilities, organization, and the components of the Board Certified Specialist – Fluency (BCS-F) program. Also included are Board Bylaws, a definition of the specialty area, a summary of events leading to the establishment of the ABFFD, and application and report forms utilized in administering the program.

II. American Board of Fluency and Fluency Disorders

A. BOARD'S CHARGE

The American Board of Fluency and Fluency Disorders is charged with developing and administering a high-quality program of certification for specialists in the area of fluency disorders.

B. BOARD RESPONSIBILITIES

The ABFFD shall:

1. Develop, implement and revise as needed requirements and standards for the certification and credentialing of specialists in fluency disorders.

2. Develop, review and revise as needed procedures for soliciting, processing and evaluating applications for BCS-F in a timely fashion.

3. Develop, implement and revise as needed a process for assessing applicant's knowledge, skills and experience as set forth in the established standards for BCS-F.

4. Develop, review and revise as needed requirements and procedures for maintaining the credential of BCS-F.

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 the ABFFD Standards and Procedures 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 Certification (CFCC) 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 BCS-F 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 certification program.

14. File an annual report to the Council for Clinical Specialty Certification (CFCC) detailing the Board’s activities and presenting evidence that it is fulfilling its charge and responsibilities. This report is filed in January of each year.

15. Require that members of the board are available to applicants for advice, guidance, and support throughout the entire certification process.

C. BOARD ORGANIZATION

The Board must be composed of no fewer than five members. Four members must be Board Certified Specialists in Fluency and 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.

II. DOMAINS and COMPETENCIES REQUIRED TO BECOME A BCS-F

In September 2014, the American Board of Fluency and Fluency Disorders (ABFFD), with the support of the American Speech-Language-Hearing Association (ASHA), initiated a practice analysis study of speech-language pathologists whose professional practice includes a specialization in fluency and fluency disorders. The purpose of the study was to create a comprehensive competency framework identifying the core competencies needed by fluency specialists to perform their work responsibilities in an appropriate and effective manner.

The competency framework was validated by conducting a survey of practitioners who held the ABFFD designation [Board Certified Specialist in Fluency (BCS-F)] and also practitioners who were not board certified but met criteria that mirrored the board's eligibility requirements for certification. The board's objectives in conducting the study were to enhance the professional certification program and professional development and continuing education (CE) related to fluency and fluency disorders and to foster the advancement of the field.

The procedures used in conducting the practice analysis study involved an interactive process that combined the:

- practice analysis expertise of Knapp & Associates International, Inc. (Knapp) consultants;
- professional knowledge of a task force of subject matter experts who held the BCS-F and had significant experience and a broad view of the fluency and fluency disorder specialty; and
- judgments of a representative and independent sample of practicing BCS-Fs and professionals whose practice and expertise includes fluency and fluency disorders.

The competencies across each major domain area were weighted on both frequency as well as importance. Standards for BCS-F apply these competencies to both the application process to become an active candidate as well as within the Fluency Portfolio submission. Major Domains and Competencies are listed below.

(1) PROFESSIONALISM: Maintain competence and ethical practice

1.a Remain current in research by reviewing professional and academic literature for the purpose of informing practice and maintaining specialty certification.

1.b Engage in professional development activities in fluency and fluency disorders and other related topics (e.g., attend professional conferences, read research, participate in CE, complete coursework) for provision of current and high-quality services reflecting best practice to clients and the community.

1.c Adhere to the ASHA Code of Ethics by reviewing current and updated standards to ensure ethical practice and to provide a model for best practice and professionalism.

1.d Advance evidence-based practice by consulting with professionals in related fields in order to ensure cross-discipline best practice for clients with fluency disorders.

(2) LEADERSHIP: Education, mentoring and/or supervision of professionals and/or students who work with clients.

2.a Educate speech-language pathologists and/or students about the nature, evaluation, and treatment of fluency and fluency disorders through teaching, conducting in- services and providing resources.

2.b Supervise graduate students, clinical fellows and support personnel commensurate with their status through observing, modeling and providing feedback to increase knowledge about, and skills in, evaluation and treatment.

2.c Mentor speech-language pathologists through modeling, sharing resources, and providing feedback to advance knowledge and skill development.

2.d Consult with speech-language pathologists, and other stakeholders (e.g., teachers, support personnel, administrators, caregivers, employers, co-workers and other professionals) to customize goals and treatment methods and develop accommodations to enhance treatment outcomes.

2.e Collaborate with organizations (school district, hospital, clinic or agency) to create innovative service delivery programs in order to enhance treatment outcomes.

(3) **ADVOCACY: Education of stakeholders and public about fluency and fluency disorders on behalf of clients and/or population and provision of client support.**

3.a Educate caregivers, family members, teachers, administrators, support personnel, employers, and other professionals (e.g., physicians, psychologists) about the nature of fluency disorders and the value of treatment in a variety of ways (e.g., presentations, publications, consultation) in order to garner support and resources for meeting client needs.

3.b Educate third party payers about the nature of fluency disorders and the value of treatment in a variety of ways (e.g., correspondence, documentation) in order to obtain funding for services.

3.c Educate the public about the nature of fluency disorders and the value of treatment in a variety of ways (e.g., presentations, publications, media) in order to promote awareness, support early identification, and improve the social, academic and work environments of individuals with fluency disorders.

3.d Provide strategies (e.g., expressing rights, needs, solutions; appealing decisions) to families and clients that reflect current legislation, policy and regulations to promote successful self-advocacy.

3.e Recommend and secure customized care to facilitate innovative service delivery options (e.g., providers, frequency, contexts) to meet individual needs of clients.

3.f Identify and support governmental and social policies by communicating with policy makers in order to support best practices for individuals with fluency disorders.

(4) **SERVICE PROVISION: Screening, assessment, diagnosis,**

treatment, and follow-up services

4.a Integrate effective counseling skills throughout the provision of services.

4.b Conduct screening through identification of risk factors and analysis of fluency patterns for early detection of speech fluency disorders.

4.c Determine plan of action based on screening results to ensure appropriate service provision to the client.

4.d Integrate multiple sources of information (e.g., review of case history, cultural factors and language differences; and previous evaluation and treatment records; consultation with family members, teachers, and other professionals regarding concomitant or related diagnoses) to support a comprehensive, multidimensional, differential assessment.

4.e Conduct a multidimensional assessment by administering informal and formal measures of behavioral, cognitive, affective, social, and linguistic components related to fluency disorders and other speech, voice and language factors in order to diagnose and plan treatment.

4.f Interpret informal and formal measures of behavioral, cognitive, affective, social, and linguistic components related to fluency disorders and communication difficulty to determine the overall life impact of the problem and the client's strengths, coping strategies, resources, and supports.

4.g Analyze assessment results to differentially diagnose fluency disorders (e.g., stuttering/cluttering/atypical/acquired disfluencies) from typical disfluencies and other possible diagnoses (e.g., apraxia of speech, language formulation difficulties, reading disorders, word finding problems, difficulties with organization of discourse, and language differences) to ensure effective treatment.

4.h Recognize both communicative and non-communicative needs (e.g., medical, psychological, developmental, sensory) and identify when to refer the client for further consultation, assessment and/or treatment.

4.i Communicate evaluation findings as they relate to the client's environments (e.g., home, academic, social, cultural, professional) in a sensitive manner that ensures understanding by the client, stakeholders and other professionals.

4.j Develop, implement and modify differential treatment plans and rationales based on the client's evolving needs and treatment outcomes for individualized treatment.

4.k Develop, implement and modify an appropriate plan of dismissal, follow-up and maintenance to promote long-term change.

IV. STANDARDS AND IMPLEMENTATION FOR SPECIALTY CERTIFICATION IN FLUENCY

The Standards and Procedures for Board Certification in Fluency and Fluency Disorders were created to provide a fair and rigorous method for assessing a set of knowledge and skills required for an individual to receive and maintain the advanced credential of BCS-F.

The 4 major domains and competencies aforementioned demonstrated by the speech-language pathologist seeking to obtain BCS-F are assessed by the ABFFD in two ways:

1) Standard A (the application process) and
2) Standard B (the portfolio submission process).

Standard A involves two parts:

1. Meeting eligibility to submit an application
2. Application submission for Active Candidacy

STANDARD A

Part 1: Eligibility for Application

In order to submit an *application* to become an *active candidate* for Board Certification in Fluency, a speech-language pathologist is required to meet <u>*four*</u> *criteria*:

1) **Hold** the **Certificate of Clinical Competence** awarded by the American Speech-Language-Hearing Association
2) **Be employed** as a speech-language pathologist for a minimum of ***5 years*** (or full time equivalent) ***after*** obtaining the CCC.
3) **Document 450 hours of Clinical Contact Service** within the area of fluency disorders within a period of five years prior to application. A minimum of 25 clinical contact hours are required in each of the following each ranges: (a)

preschool (2-6 years of age); (b) school-age (7-15 years of age; and (c) adolescent/adult (16 and up).

Telepractice:

Candidates may count contact hours gained via telepractice as long as the following conditions are met:

i. ASHA standards for telepractice are followed https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956§ion=Key_Issues
ii. The candidate follows state licensure requirements in the state in which the telepractice client resides and the state in which the clinician is conducting therapy.
iii. A HIPPA compliant platform is used.

4) These clinical contact service hours may include the following:

a) Providing clinical services. A minimum of 135 (30%) of the 450 clinical contact hours are required in the area of direct services and may include identification, prevention, assessment, and intervention services related to fluency disorders.

b) Clinical supervision. A maximum of 225 (50%) of the 450 clinical contact hours may be supervision of student clinicians or certified clinicians working with individuals with fluency disorders who are working under your guidance. These supervisory hours may include:
   i. Providing demonstration therapy for the client to assist the student/clinician in skill development,
   ii. Co-treating with the student or clinician;
   iii. Counseling provided directly to the client and/or their family members or other relevant individuals. This may include obtaining information from these individuals, providing information to them or engaging in problem solving or other counseling activities.

c) A special note on clinicians with academic positions
   i. For clinicians who hold an academic position, a maximum of 90 hours in other related clinical activities may be used toward the 450 clinical hours requirement. Other clinical activities include the following:
      c.i.1. Teaching academic coursework in the area of fluency and fluency disorders
      c.i.2. Conducting scholarly activities related to fluency disorders which may involve presenting and publishing. *A presented course must have received ASHA CEUs or state CEUs. Any papers published should be submitted to the*

Board. Keep this in mind when submitting your final application.

c.i.3. Developing programs related to fluency disorders

<u>Very important note:</u> Direct Clinical Contact Hours may begin to accrue towards the application requirement during the 5 years you are employed after obtaining your CCC. In addition, these cases may be used as part of your portfolio submission if you so choose. If you have been employed longer than five years, you may utilize cases for your portfolio submission within the last five years of your application acceptance.

4) Document 10 CEs (or 100 hours) of training in fluency disorders. These hours must be at the intermediate or advanced level. These CEs *may begin to accrue <u>after</u>* the CCC is obtained and within the five years preceding application. *Guidelines* for obtaining CEs include:

- Continuing Education must come from a **<u>variety of sources</u>** (direct participation in conferences/workshops; Journals; DVDs/on line workshops; Live Web-based CEUs) with **no more than 5 CEUs (50 hours)** derived from published DVDs/online workshops and Journals

- Continuing Education must cover from a ***<u>variety of topics</u>***, with a minimum of 80 hours specifically related to Fluency and Fluency Disorders; 20 hours may be from other topics related to diagnosing and treating fluency disorders (e.g., speech, language, motor learning, cognitive, behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders)

STANDARD A

Part 2: Submitting an Application Packet

Once the aforementioned requirements are completed, the speech-language pathologist submits an Application Packet for approval to become a candidate for certification. This packet includes ***four components***:

Component 1: Application and required fee (*see Board Certified Specialist-Fluency Application)*

Component 2: Completion and documentation of required clinical hours (*see BCS-F Application Verification of Direct Clinical Activity Form)*

Component 3: Copy of Official CE transcripts from ASHA and a completed

(*BCS-F Application Continuing Education Form)*

Component 4: Three recommendation letters attesting to the candidate's knowledge and skills in the area of fluency disorders (see *BCS-Fluency Application Recommendation Letter Form*)

Note: Guidelines for recommendation letters include obtaining *one letter from each* of the following:

a. Personal client or parent of client
b. Supervisor, Professor, or Colleague
c. Professional in the field who is currently a BCS-F

Once an application has been submitted and approved by the ABFFD, the applicant becomes an Active Candidate. In order to receive BCS-F, an Active Candidate must submit a Portfolio within a three year time period of acceptance of application.

An approval letter to become an *active candidate* for BCS-F within 30 days of receipt of the completed Application Packet will be sent via letter and email to the applicant.

STANDARD B: Fluency Portfolio Submission

Standard B involves an active candidate's submission of a portfolio for assessment.

Upon acceptance, a *Portfolio Template Guide* is emailed to the candidate. Submission of a Portfolio of case studies must be provided to the American Board of Fluency and Fluency Disorders for review at any time within a 3-year time period following acceptance.

Components of the Fluency Portfolio

The submitted Fluency Portfolio includes *two major components*: the (a) Statement of Philosophy and (b) three Case Presentations. All forms for Fluency Portfolio Submission may be found at the end of this manual.

Component 1: Statement of Philosophy

Each candidate will provide his or her statement of philosophy regarding assessment and treatment of individuals with fluency disorders. This statement provides the ABFFD with your personal views of theoretical perspectives, as well as the evaluation and treatment of fluency disorders, in regards to your training, personal study, interaction with professionals and/or mentors in the field, and clinical experience.

The statement of philosophy will also provide evidence of the candidate's learning from people who stutter directly. The candidate will reflect upon how learning more about the lived experiences of people who stutter has shaped their evaluation and treatment philosophy. The candidate will also reference how this knowledge was gained. Examples of this may include activities such as participating or volunteering in support groups for people who stutter, interacting with videos, podcasts, and books on the lives of people who stutter, or through conversational groups with people who stutter.

The Statement of Philosophy must be no more than a *maximum* of three pages, 12pt font, single-spaced. Proper *citation* of a minimum of 5 references is required.

Component 2: Case Presentations

The second component of your Fluency Portfolio contains ***three*** Case Presentations, *one each* within the following age ranges:

-Preschool (ages 2-6)
-School Age (ages 7-15)
-Adolescent-Adult (16-Adult)

*Note. A telepractice client may be included as a portfolio case as long as the stipulations outlined under "Eligibility for Application" part 3 are followed. Video clips for these cases must be from the internal recording system within the telepractice platform and include both the clinician and the client on the screen.

Each *Case Presentation* contains ***three parts*** and is presented in the following manner:

Part 1. Authorization for Release of Information

An Authorization for Release of Information form must be provided for *each* case study presented in the portfolio. In addition, all information provided in the Case Summary Forms and Video Submission Forms must be commensurate with HIPPA Compliance.

Part 2. Case Presentation Form

Each case is presented to the ABFFD by utilizing the Case Presentation Form. This form allows you to present your case and include all necessary information pertaining to the Domains and Competencies for BCS-F. All cases *must be* presented utilizing the Case Summary Form.

Each case must be either evaluated or re-evaluated by you. If the case received

an initial evaluation by another individual, a summary of the findings of the initial evaluation must be included in the Case Summary Form as well as any additional testing you performed.

Length of Time in treatment: While there is no requirement regarding length of treatment time, it is suggested you select cases where the time in treatment was sufficient enough to demonstrate the overall critical thinking process at the time of evaluation and throughout the therapy process.

Part 3. Video Clips

For all three cases, **3 video recorded** examples of **5-7 minutes in length each** are required. The purpose of these clips is for the reviewers of your portfolio to observe your ability to engage in the therapeutic process, responding to the needs of the client at a particular moment in time. Thus, both the clinician and the client must be in the video frame.

All Fluency Portfolios are submitted electronically to the ABFFD Administrative Office. Please contact info@stutteringspecialists.org for instructions. Once the Portfolio is submitted, notification of results of the review by the ABFFD by letter occurs within 60 days of submission. If the Portfolio submitted does not represent requirements provided in the *Portfolio Guide*, it will be sent back to the candidate for revisions prior to review. If approved, the candidate utilizes the designator of Board Certified Specialist-Fluency (BCS-F).

Note:

- **All forms for application for BCS-F as well as for Fluency Portfolio submission are located in the Appendix of this manual.**

IV. STANDARDS FOR MAINTAINING SPECIALTY CERTIFICATION IN FLUENCY AND FLUENCY DISORDERS

Board Certification by the ABFFD is granted for a five-year period beginning in June. In order to maintain BCS-F status a specialist must meet certain annual and 5-year 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 BCS-F must accumulate a minimum of 10 ASHA approved CEs (100 contact hours) during each five-year renewal period specifically related to 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 during the five year renewal period.

A. Implementation for Annual Membership Maintenance

1. **Complete BCS-F Annual Membership Form and Pay Annual Fees** The BCS-F must pay an annual fee (refer to fee section) to maintain BCS-F 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 **BCS-F Annual Membership Form**

B. Implementation for Five Year Renewal

1. **Complete BCS-F Five-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 **BCS-F Five-Year Renewal Form.**

2. **Verification of 500 Hours of Professional Activity**
   Each BCS-F 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 500 clock hours of clinical activity over a 5-year period. A *maximum of* ***<u>100 hours</u>*** of Indirect Clinical Contact may be utilized as part of the 5-year renewal process. Proof of such practice will be attested to on the Annual Update Form. The ABFFD may request verification of professional activity.

3. **Continuing Education Requirement**
   Every fifth year from the initial awarding of BCS-F status, renewal requires, in addition to payment of the annual fee and a completed **Five-Year Renewal Form,** documentation of 10 ASHA approved CEs (100 contact hours). The CEs must have been accumulated during the five-year period from when the BCS-F designation was awarded or last renewed.

   - Continuing Education must come from a **<u>variety of sources</u>** (direct participation in conferences/workshops; Journals; DVDs/on line workshops; Live Web-based CEUs) with **no more than 5 CEUs (50 hours)** derived from published DVDs/online workshops and Journals

- Continuing Education must cover from a ***variety of topics***, with a minimum of 80 hours specifically related to Fluency and Fluency Disorders; 20 hours may be from other topics related to diagnosing and treating fluency disorders (e.g., speech, language, motor learning, cognitive, behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders)

- 10 CEUs (100 hours) are required and must be at the intermediate or advanced level.

The intent of the CE 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 CE 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 2.0 CE outside the area of fluency and fluency disorders can be applied to meet CE requirements for renewal.

The full 100 continuing education hours need to be at the **intermediate and/or advanced level**. The rationale for these levels of difficulty is that specialists will be seeking activities, which will advance their existing knowledge related to fluency disorders.

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 BCS-F status. The Board will respond to renewal applications within 30 days of their receipt. If the materials are approved, the BCS-F will receive a Renewal Certificate, which indicates that the BCS remains in good standing for the next five years pending the continued receipt of the **Annual fees** and **Annual Membership Form.**

C. BCS-F Retired and Life-Time Member Status & Standards

BCS-F Retired or Life-Time Member Status is awarded in recognition of previous specialty certification (or recognition prior to January 1, 2014) in fluency and fluency disorders. An application is submitted, based upon the *Standards for BCS-F Retired and Life-Time Member Status* listed below, and upon acceptance an individual is awarded with a certificate of Retired or Life-Time Member Status by the ABFFD, kept informed of current ABFFD happenings, and included on all lists of BCS-F. Retired and Life-Time Member status indicates to consumers that the specialist had obtained a significant

milestone in terms of number of years of practice. Retired specialists are *natural promoters of specialty certification*.

Retired Member Status

The following standards need to be met in order to submit an application:
1) Applicant must be age 65 ***OR*** have held ASHA certification (CCC) for a total of 25 years.
2) Applicant ***must hold*** active specialty certification in fluency (BCS-F) at time of retired certification holder status application ***OR must have held*** the status of a certified (recognized) specialist at the time of becoming a life time member.
3) Must have held fluency specialty certification (recognition) for ten years (not necessarily consecutive).
4) In accordance with ASHA guidelines, retired members no longer retain a Certificate of Clinical Competence and cannot treat clients.

Life-Time Member Status

The following standards need to be met in order to submit an application:
1) Applicant must be age 65 ***OR*** have held ASHA certification (CCC) for a total of 25 years.
2) Applicant ***must hold*** active specialty certification in fluency (BCS-F) at time of Life-Time Member status is initiated ***OR must have held*** the status of a certified (recognized) specialist at the time of becoming a Life-Time Member.
3) Must have held fluency specialty certification (recognition) for ten years (not necessarily consecutive).
4) Life-Time members will be allowed to continue clinical work with clients.
5) The member must maintain continuing education credits consistent with the standards outlined for Life-Time members. **3 CEUs accrued over the three-year renewal period will be required.** Please note: the Board is allowing an initial phase-in period for the initial cadre of Life-Time members who transition to this status in 2019, 2020, and 2021. Life-time members in these years will submit their first renewal in June 2024. At that time, members will need to indicate they obtained the 3 CEUs (30 hours) during the renewal period. Following the initial renewal in June 2024, members will be required to submit their renewal every three years. Members who transition to Life-Time status after June 30, 2021 will be required to submit their first renewal in June 2025.

V. Late Fees

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

VI. Loss of Board Certification

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

VII. Reinstatement Policy

A BCS-F 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 five-year renewal period are paid. The cost of any certified letters sent to the specialist will be part of these fees. However, after five years of lapsed renewal, he/she must meet the 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 second or third year of the five-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 fourth year. The fourth year renewal reinstatement requires submission of a completed renewal form, documentation of the required CE's for the past four years, verification of at least 400 hours of clinical activity over a 4 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 standards in place at the time renewal is requested.*

VIII. Leave of Absence Policy

The ABFFD is aware that from time to time, a BCS-F may have reason to request a leave of absence from active certification 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 ABFFD is desirous of assisting constituents whenever possible to maintain their BCS-F status. Therefore, the Board has established the following policy for leave of absence:

• A BCS-F who desires to take a leave of absence must write a letter (email is acceptable) to the ABFFD requesting a leave and stating reasons for the leave and the length of time expected for the leave.

• A BCS-F leave of absence may be granted *ONLY* for the requirement of *clinical activity*. If the request is granted the BCS-F 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 all BCS-F fees and submission of a report summarizing CE activity that meets BCS-F requirements. Therefore, during the leave of absence period, the BCS-F must pay annual fees and meet Continuing Education requirements according to ABFFD published CE guidelines. Requirements for maintaining active clinical practice will be suspended during the period of the leave of absence.

• If a leave of absence is granted to a BCS-F, it is limited to a *maximum* of three years. If the candidate wishes to extend the leave beyond five years, he/she must reapply for the status under the then current standards.

• There are two options for reinstating certification following a leave of absence:
   1. A member on an approved leave of absence may accrue their 500 clinical hours spread over the entire 5-year renewal period, rather than meeting the 100 hours per year criterion.
   2. A member on an approved leave of absence may request an extension of the renewal period. This will allow the member to remain "not active" as a specialist until the clinic clock hour requirement is met. Certification will be reinstated upon completion of the 500 clock hours. A request for an extension of the renewal period must be submitted to the Board in writing or via email prior to the end of the 5-year renewal period.

IX. Table of Fees

Fee	Amount
Initial BCS-F Application Fee	**$ 200.00**
Annual Membership Fee	**$ 90.00**
Five Year Renewal Fee	**$ 90.00**
Late Fee	**$ 25.00**
Retired and Life-Time Member Status Application Fee	**$ 50.00**

Retired and Life-Time Member Status Annual Dues Fee $ 25.00

All fees are in US dollars and may be paid by personal check, cashier's check or money order.

Checks or money orders should be made payable to:
ABFFD
563 Carter Court
Kimberly, Wisconsin 54316

Or, renew online at stutteringspecialists.org

X. PROCESS FOR APPEALING DECISIONS OF THE ABFFD

In keeping with the Council for Clinical Specialty Certification's (CCSC) guidelines, petitioners filing an appeal with the ABFFD are assured of their rights to due process and fairness through the inclusion of the following:

1. Timely notification of the hearing;
2. Provision of adequate time to investigate charges and prepare a defense;
3. Opportunity to respond to charges and present evidence on the petitioner's behalf;
5. Right of the petitioner to be represented by counsel;
6. Opportunity to present witnesses and question opposing witnesses;
7. Provision of a written statement of the reasons for a disciplinary action taken, based on the evidence presented at the hearing;
8. Notice of the right to appeal; and,
9. Freedom from conflicts of interest throughout the appeals process.

A. General Principles

1. An individual whose specialty certification has been denied or revoked by the American Board of Fluency and Fluency Disorders (ABFFD) may appeal that decision. The first level of appeal is a request for further consideration by the ABFFD. In this appeals process document, the ABFFD shall be referred to as the Board. If the ABFFD sustains its decision, the individual may appeal the decision to an Appellate Body.

The Chair of the ABFFD will appoint one member of the ABFFD to chair the Appellate Body. The Chair of the Appellate Body will appoint two additional members to the Appellate Body from individuals who are board certified specialists in fluency and fluency disorders but who are not current Board members.

2. Denial or revocation of the BCS-F by the American Board of Fluency and Fluency Disorders shall not become effective until the decision has become final (i.e., at the conclusion of further consideration and appeal).

3. The names of the members of the Appellate Body will be made known to the Appellant prior to the Appellate Body being informed of the name of the individual 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 ABFFD to alter the make-up of the Appellate Body. The ABFFD will consider the petition and make a decision to either replace or retain the Appellate Body member(s). The decision of the Board is final.

4. In this appeals process document, the ABFFD 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 hereinafter 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 BCS-F) taken by the 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 BCS-F 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 ABFFD 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.

3. Procedures for Further Consideration Hearing by the Board

a. Individual applicants or holders of BCS-F 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.

b. 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.

4. Notice of Decision After Further Consideration

a. 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 Board's Rules of Procedure for Further Consideration and Appeals.

b. 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.

c. If the Chair of the Board receives a Request for Appeal of an Adverse Decision After Further Consideration within 30 days after the date that Decision was mailed, an Appellate Body will be formed to hear the appeal. If a Request for Appeal of an Adverse Decision After Further Consideration is not received within 30 days after the date that the Decision was as mailed, the decision of the Board shall become final and there shall be no further right of appeal.

5. 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.

B. Rules Governing the Procedure for Further Consideration

1. General Principles

a. Individuals whose BCS-F 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. The Appellate Body shall determine whether or not there was evidence before that Board that would justify 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 considered 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 insuring 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. An Appellant shall 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.

3. Rules Governing the Filing and Processing of Appeals

a. 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 Board Chair a notice of intent to appeal. The Board Chair will appoint one member of the Board to chair the Appellate Body and transmit a copy of the intent to appeal letter to the Chair of the Appellate Body, certifying to the Appellant that a copy was transmitted. The membership of the Appellate Body will be formed as described in Section X.A.1.

b. 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.

c. 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.

d. 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.

e. 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.

f. No additional persons other than the Appellant (or representative) shall be entitled to the assistance of a resource person at the Appeal Hearing.

g. 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.

h. 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.

i. 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.

j. 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.

3. 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.The Appellant's request for an accelerated appeal shall be accompanied by written acknowledgment and agreement that the Appellate Panel's decision 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 of the Appellate Body shall promptly appoint a panel of three Appellate Body members, naming a chair thereof, to hear and decide the appeal. The Appellate Panel shall follow, and be bound by, the procedures governing appeals before the Appellate Body as a whole, except that the time for the filing of the appellant's written explanation of the grounds for appeal may be shortened. Accelerated appeals may be conducted by conference telephone call.

APPENDICES

A. Bylaws of the American Board of Fluency and Fluency Disorders

B. Annual Report to the Council for Clinical Specialty Certification (CCSC)

C. Five Year Report to the Council for Clinical Specialty Certification (CCSC)

D. CCSC Glossary of Terms Relating to Specialty Certification

E. Forms for Application for Candidacy & Maintenance

F. Forms for Portfolio Submission

G. The original *Fluency Specialist Recognition Program: A Perspective*

APPENDIX A

BYLAWS

American Board of Fluency and Fluency Disorders (ABFFD)

Article I - Name

The name of this Specialty Board is the American Board of Fluency and Fluency Disorders, herein referred to as Board.

Article II – Organization

2.1 Definition of Organization. The Specialty Board has oversight for the specialty certification 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 Board Certification 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 may apply for and receive certification as a specialist in the area of Fluency Disorders.

3.3 Through the maintenance of the standards for specialty certification, 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 email ballot by holders of Specialty Certification, following a call for nominations. Members of the Board, after seeking input from those participating in the Fluency Specialty Certification Program, will prepare the final slate of nominees. Board terms shall be for 3 years. Election occurs the first week of December each year.

4.4. Removal and Vacancies. A member of the ABFFD 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 3-year terms. Board members may be reelected to the Board for multiple 3-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 3-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 first meeting in January each calendar year. Chairs may serve for as many one-year terms as they remain on the ABFFD. 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 at its first meeting in January, 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. Other positions on the ABFFD.

Article V – Meetings

5.1 Annual Meeting. The Board shall meet 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 Certification an Annual Report in the format specified by the Council for Clinical Specialty Certification.

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 BCS-F.

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 BCS-F.

APPENDIX B: Annual Report to CCSC

Specialty Certification Board
Annual Report Form

American Board of Fluency & Fluency Disorders

Annual Report To The
Council for Clinical Certification in Audiology and Speech-Language Pathology
Committee on Clinical Specialty Certification

Submitted by:

Chair

Date:

American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, Maryland 20850
800-498-2071

Instructions: This Annual Report should be completed and submitted to the ASHA Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC) on January 15th of each year. The reporting period will cover January 1-December 31st of the preceding year. If a Specialty Certification Board is within the first year of operation following approval of its Stage II Application it should complete **Part I** only. After the first year, Specialty Certification Boards should complete **Part II** only.

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

1. The Specialty Certification Board Manual has been developed and approved by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC).
_____ Yes (Please indicate date of approval _______________).
_____ No (Please indicate projected date of completion _______________).

2. The Specialty Certification 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 Certification Board begins to process individual applications for specialty certification.]

3. The Specialty Certification Board has begun processing applications for specialty certification.
_____ Yes (Please provide the number received to date _______________).
_____ No (Please indicate the projected date this will begin _______________).

4. Has specialty certification 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. 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.

7. By what means were individual applicants informed of the application process including costs. Attach supporting documentation (form letters, brochures, etc.)

8. How long did it take the Specialty Certification Board to process applications from time of receipt to time of notification of specialty certification?

9. What are your mechanisms to insure that all applications are reviewed systematically and without bias?

10. Describe your procedures and timelines for collecting, recording and depositing applicable fees.

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

A. SPECIALTY PROCESS

1. Complete the following based on activity since the last annual report:
   ____Number of applications received
   ____Number of applications in process
   ____Number of applications approved to proceed to portfolio
   ____Number of portfolios awarded certification
   ____Number of applications denied
   ____Number of submitted portfolios denied certification
   ____Number of appeals (If more than zero, please explain)
   ____Number of revocations of specialty certification
   ___Current total number of Board Certified Specialists (BCS)

2. Has the Specialty Certification Board implemented any modifications to any of the following items within the past year?

3. Application process including costs
4. Length of processing time to receipt of notification
5. Systematic review of applications guarding for bias
6. Collecting, recording and depositing applicable fees
7. Other procedures

   _____Yes (If Yes, please summarize below).
   _____No

B. PLANNED REVISIONS

8. Does the Specialty Certification Board plan any revision of its *Specialist Standards* within the coming year?
   ___Yes (Attach a detailed explanation).
   ___No

[All changes in the *Specialist Standards* must be presented to the CCSC for approval at least 6 months prior to planned implementation.]

9. Does the Specialty Certification Board plan any changes in its procedures within the coming year?
   _____ Yes (Attach a detailed explanation).
   _____No

10. Does the Specialty Certification Board plan any changes in its Articles of Incorporation or By-Laws within the coming year?
    _____ Yes (Attach a detailed explanation).
    _____No

11. Does the Specialty Certification Board plan any changes in its corporate status or liability protection in the coming year?
    _____Yes (Please explain the planned changes)
    _____No

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

Completed Five-Year Reports are due on or before February 1. The CFCC will review annual reports during its Winter Meetings in February.

Specialty Certification Board

Five-Year Report Form

Name of Specialty Certification Board

Five-Year Report to the

Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC)

Committee on Clinical Specialty Certification (CCSC)

Submitted by

Date

American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, Maryland 20850
800-498-2071

Instructions: The Five-Year Report of the Specialty Certification Board will be filed with the ASHA Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC) via electronic submission on January 15th in the fifth anniversary year the Specialty Certification Board was established. The reporting period for the five-year report will be January 1st through December 31st of the preceding five-year period. This five-year report will be filed in lieu of the Annual Report for that year.

Background information

1. **Five-Year Reporting Period: ____________________________**
2. Year Specialty Certification Program Established: _________________
3. Purpose of Certification Program:
4. Other (e.g., sub-specialty such as adult vs. child): __________________

Five-Year Summary Data

Data Type	**Yr 1**	**Yr 2**	**Yr 3**	**Yr 4**	**Yr 5 (current)**
Total # of specialty certification inquiries					
Total # of received applications					
Total # of applications completed and reviewed					
Total # of new certified specialists					
Total # of ALL certified specialists					
Total # of specialty certification revocations					

Narrative:

1. These data indicate … (trends-- increase or decrease?) Explain:
2. Rationales for any trend, or lack of trend (e.g., more certified specialists have retired):
3. Implications of trends:

Five-Year Specialty Certification Program Goals (for current reporting period)

Five Year Goals (list goals)	**Not Met**	**Partially Met**	**Met**	**Exceeded**
1.				
2.				
3.				
4.				
5.				

Goal Outcomes

Provide an explanation of outcomes: (include activities that were conducted to meet the goals; indicate which activities were successful, and which were not).

Implications of goal outcomes (e.g., for initial specialist certification, continuation of eligibility requirements)

Repeat with all other goals…

Five-Year Summary Financial Report

Beginning Balance:

Income:

Expenses:

Ending Balance:

Narrative explanation:

Implications:

Five Year Summary of Board Certified Specialist Satisfaction Data

Provide a summary of satisfaction survey data about specialty board certification for this specialty area from Board Certified Specialists, employers, referral sources, consumers, etc.

Professional Development Summary

Types of activities provided to further professional development in the area of specialty:

Level of satisfaction with professional development activities (how was the data collected e.g. based upon survey):

Specialist Standards

Goals for Next Five Years: (indicate if the goals are new or a continuation).

Five Year Goals (list goals)	New	Continued
1.		
2.		
3.		
4.		
5.		

Anticipated Activities to Meet Goals (new or continued):

Goal 1: activities listed, described in terms of reasonableness, resources required, etc.
Continue….

Terms of Officers (How many years served within the 5-year period)

Chair ___________
Vice Chair ________
Secretary ________
Treasurer ________

Conclusions and Recommendations:

Provide a general, summary statement about the viability of this specialty certification program based on the five-year data included in this report.

APPENDIX D

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

Accelerated Appeal. A written request by an Appellant to the Chair of the Specialty Certification Board to grant an accelerated time line for an appeal of the Specialty Certification 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 CCSC member designated as liaison between the Specialty Certification Board and the CCSC. This individual has responsibility to maintain contact with the Specialty Certification Board, represent the Specialty Certification Board in communications with the CCSC, interpret CCSC communications to the Specialty Certification Board, attend one Specialty Certification Board meeting per year, review the Specialty Certification Board's annual report and provide feedback to the Specialty Certification Board regarding the annual report prior to its submission to the CCSC.

Anniversary Date. The date the certified letter was mailed to the Petitioning Group with approval of its application as a specialty area, and approval to proceed with establishment of the Specialty Certification Board. The fiscal year of the Specialty Certification Board commences on the anniversary date.

Appeals Hearing. Appeal of a Specialty Certification Board's adverse Decision After Further Consideration. Individuals whose specialist certification has been denied or revoked by one of the Specialty Certification Boards may appeal that decision to the CFCC Committee on Clinical Specialty Certification (CCSC).

Appeals Panel. Appointed by the ASHA's Committee on Committees and composed of at least three individuals who are not members of the CCSC or of a Specialty Certification Board (although members may hold recognition in one or more specialty areas) to hear petitioning groups who appeal a decision of the CCSC.

Appellant. An individual who requests further consideration or appeal of a decision of a Specialty Certification Board when specialist certification has been denied or revoked by the Specialty Certification Board.

Appellate Body. A body appointed by the Specialty Certification Board to hear appeals of the Specialty Certification Board's decisions.

Area Specialty Certification. Refer to definition for Approval as a Specialty Area.

Area Standards. Refer to definition for Standards for Approval as a Specialty Area.

Council for Clinical Certification (CFCC) Committee on Clinical Specialty Certification (CCSC). Committee of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) charged by ASHA to administer a high quality and efficient Specialty Certification Program for specialized areas of clinical practice in audiology and speech-language pathology. Approves Specialty Certification Boards upon ruling that a Petitioning Group's application has met the Specialty Certification Standards. Monitors each Specialty Certification 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 Certification Board following a Further Consideration Hearing in which the Specialty Certification Board reviews its adverse Initial Decision. The Decision After Further Consideration Hearing is sent in writing to the Appellant describing the basis for the Specialty Certification Board's decision, specifically addressing the Specialist Standards that the Appellant met or failed to meet.

Direct Clinical Contact. Defined as (a) providing services in identification, prevention, assessment and intervention (b) serving in a treatment-related supervisory capacity, and/or (c) serving as a consultant in case-based programs or situations. The Specialty Board may further define the demonstrable clinical experience in a specialty area.

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

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

Guidelines for Specialty Certification Board. Document written and revised as necessary by the CCSC to provide the framework within which Specialty Certification Boards function, and to provide guidance in the operation of a Specialty Certification Board.

Inaugural Specialty Certification Board. The first Specialty Certification Board in a particular specialty area which is recognized by the CCSC upon successful completion of the process of application for approval as a specialty area.

Independent Verification. The CCSC 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, that the area 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 CCSC at any time throughout the application process. The CCSC 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 CCSC. Responses from the Petitioning Group will be accepted until the call to order of the CCSC meeting.

Indirect Clinical Contact. Activities related to the specialty areas that are not defined in direct clinical contact. Additional indirect contact in the area of specialization may include program development, presentation, publications and teaching. The Specialty Board may further define indirect clinical experience in a specialty area.

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

Notice of Adverse Action. Denial or revocation of specialist certification by a Specialty Certification Board.

Operational Policies and Procedures Handbook of the CCSC. Document which outlines the operational procedures of the CCSC.

Organizational Viability. Maintenance of Specialty Certification Board as an independent organizational entity with appropriate liability protection(s).

Petitioning Group. A group of practitioners in a particular specialty who decide to seek approval to establish a specialty area.

Primary Facilitator. A member of the CCSC assigned by the CCSC 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 Certification Board by the CCSC upon failure of the Specialty Certification Board to comply with one or more of the CCSC requirements. Successful completion of conditions of probation results in restoration of non-restrictive status. Failure to meet probationary requirements results in revocation of ASHA's affiliation with the Specialty Certification Board.

Probation Consultant. Liaison between a Specialty Certification Board and the CCSC when a Specialty Certification Board has been placed on probation by the CCSC; assists the Specialty Certification Board in resolving cited deficiencies; a member of the CCSC and appointed by the chair of the CCSC.

Specialist Certification. Conferred by a Specialty Certification Board to individual practitioners in the particular specialty area when the Standards for Certification as a Specialist are 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.

Specialty Area. Approval. CCSC approval of a specialty area when a Petitioning Group meets the Standards for Approval as a Specialty Area. Upon approval as a specialty area, a Petitioning Group can establish a Specialty Certification Board.

Specialist. Individual practitioners who apply for certification as a specialist and meet the knowledge, skills, and experience criteria of the Standards for Certification as a Specialist. The title of specialist is conferred by a Specialty Certification Board.

Specialist Certification. Refer to definition for Certification as a Specialist.

Specialist Standards. Refer to definition for Standards for Certification as a Specialist.

Specialty Certification Board. Governing body in a particular specialty area recognized by the CCSC as the Specialty Certification Board, and which

demonstrates compliance with the Standards for Approval as a Specialty Area. Charged by the CCSC to administer a high quality and efficient program of certification for specialists in (an) area(s) of clinical practice in audiology and/or speech-language pathology.

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

Specialty Certification Standards. Standards adopted and implemented by the CCSC for compliance with the Specialty Certification Program. Includes both Standards for Approval as a Specialty Area and Standards for Certification as a Specialist. Compliance required by Specialty Certification Boards in order to be approved initially and annually by the CCSC; and in order for the Specialty Certification Board to confer certification as a specialist.

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

Standards for Approval as a Specialty Area (Area Standards). Standards adopted and implemented by the CCSC to approve specialty areas of practice. The Standards for Approval as a Specialty Area represent the sole criteria to be applied by the CCSC in determining whether an applicant Petitioning Group will be successful in establishing a Specialty Certification Board.

APPENDIX E

SPECIALTY CERTIFCATION PROGRAM FORMS

All necessary forms for application, maintenance, and renewal of BCS-F can be found on the ABFFD website, at www.stutteringspecialists.org.

BCS-F Application Forms

- ✓ BCS-F Application Form
- ✓ BCS-F Continuing Education Form
- ✓ BCS-F Application Verification of Direct Clinical Activity Form
- ✓ BCS-F Application Letter of Recommendation Form

BCS-F Fluency Portfolio Submission Forms

- ✓ BCS-F Authorization for Release of Information Form
- ✓ BCS-F Portfolio Guide and Template Forms
- ✓ BCS-F Extension Request for Portfolio Submission

BCS-F Maintenance Forms

- ✓ BCS-F Annual Membership form
- ✓ BCS-F Five Year Renewal Form
- ✓ BCS-F Five Year Renewal Verification of Continuing Education Form
- ✓ BCS-F Five Year Renewal Clinical Activity Form
- ✓ BCS-F Extension Request for 5 year Renewal Form

APPENDIX F

FLUENCY PORTFOLIO GUIDELINE

Guidelines for the Fluency Portfolio Submission Process

Introduction

As an active candidate for BCS-F, you will be submitting a Fluency Portfolio to the American Board of Fluency and Fluency Disorders. The Fluency Portfolio provides the ABFFD with information regarding your knowledge and understanding of fluency disorders, and your ability to demonstrate specialist-level skills through your case presentations.

This Fluency Portfolio Guide will assist you in preparing the necessary documents for your portfolio. When you are ready to submit your completed Fluency Portfolio, please contact the ABFFD at info@stutteringspecialists.org to obtain information regarding submission of your portfolio. If you have any questions regarding your portfolio, please contact the ABFFD and we will be happy to assist you.

Note*: If any portion of the Fluency Portfolio is incomplete, missing, or lacking HIPPA compliance, it will be returned to you for re submission, which may result in a delay of the board review.*

The Fluency Portfolio

Each component of the Fluency Portfolio references the Major Domains and Competencies required for BCS-F. At the end of this guide, the Fluency Portfolio Review evaluation indicators utilized by the ABFFD is provided for your reference. For more information regarding the Major Domains and Competencies, please see the Standards and Procedures Manual on our website, *stutteringspecialists.org.*

Components of the Fluency Portfolio

The submitted Fluency Portfolio includes *two major components*: the (a) **Statement of Philosophy** and three (b) **Case Presentations**.

Component 1: Statement of Philosophy

Each candidate will provide his or her statement of philosophy regarding assessment and treatment of individuals with fluency disorders. This statement provides the ABFFD with your personal theoretical perspectives and philosophy regarding the evaluation and treatment of fluency disorders, considering your training, personal study, interaction with professionals and/or mentors in the field, and clinical experience.

The statement of philosophy will also provide evidence of the candidate's learning from people who stutter directly. The candidate will reflect upon how learning more about the lived experiences of people who stutter has shaped their evaluation and treatment philosophy. The candidate will also reference how this knowledge was gained. Examples of this may include activities such as participating or volunteering in support groups for people who stutter, interacting with videos, podcasts, and books on the lives of people who stutter, or through conversational groups with people who stutter.

The Statement of Philosophy may be a *maximum* of three pages, 12pt font, single-spaced.   Proper *citation* of a minimum of 5 references is required.

Component 2: Case Presentations

The second component of your Fluency Portfolio contains ***three*** Case Presentations, *one each* from within the following age ranges:

-Preschool (ages 2-6)
-School Age (ages 7-15)
-Adolescent-Adult (16-Adult)

Each Case Presentation contains ***three parts*** and is presented in the following manner:

Part 1. Authorization for Release of Information

An Authorization for Release of Information form must be provided for *each* case study presented in the portfolio. In addition, all information provided in the case documentation and video recordings must be in a format that meets with HIPPA Compliance Standards.

Part 2. Case Presentation

Each case is presented to the ABFFD by utilizing the **Case Presentation Form**. This form allows you to present each of your cases including all necessary information pertaining to the Domains and Competencies for BCS-F. All cases *must be presented utilizing this form*.

Part 3. Video Clips

Provide **two video-recordings** of **5-7 minutes in length** each related to each of your cases at some point during the therapy process. The total number of recordings will be six across the three case presentations. The purpose of these clips is for the reviewers of your portfolio to observe your ability to engage in the *therapeutic process*, responding to the needs of the client at a particular moment in time. Thus, both the clinician and the client must be in the video frame.

CASE SELECTION GUIDELINES

The following guidelines apply to each case selected for the Fluency Portfolio:

Each case must be either evaluated or re-evaluated by you. If the case received an initial evaluation from another individual, a summary of the findings of the initial evaluation must be included in the Case Presentation as well as a summary of the re-evaluation you performed.

Length of Time in treatment: While there is no requirement regarding length of treatment time, it is suggested you select cases where the time in treatment was sufficient for you to demonstrate the progression of treatment from the time of evaluation, providing *clear evidence of your ability to provide relevant treatment and modify treatment over time*. A

total of three summaries of client progress is required to be included for each case.

American Board of Fluency
and Fluency Disorders

Portfolio Submission:
Authorization for Release of Information

Date: ______________

I, (name of client or guardian for client)
____________________________________ authorize (speech-language pathologist)___________________________________ to release evaluation and treatment information/reports and two 5-7 minute video clips to the American Board of Fluency and Fluency Disorders. The purpose for this request is to provide a sample of clinical work as part of a submitted Portfolio for the process of obtaining Board Certification in Fluency and Fluency Disorders. I understand that my (or my child's name) will not appear on these reports; only initials are used in order to maintain confidentiality.

____

Date **Signature of parent/guardian & relationship to client**

American Board of Fluency
and Fluency Disorders

Portfolio Submission: Statement of Philosophy

Name of Candidate:	Date:

Fluency Portfolio Reviewer Evaluation Indicators

Fluency Portfolio Evaluation Components

The following areas are those that will be rated by each reviewer of your portfolio. The number/letters in parentheses indicate which domains and competencies are being rated:

Rating of Philosophy Essay:

- ☐ Statement of philosophy shows depth of knowledge in fluency & fluency disorders. (1a, 1b, 1c)
- ☐ Points supported with evidence from the literature. (1a, 1b, 1c)
  - At least 5 citations from current research
- ☐ Essay includes reflections and illustrations of how the individual has learned about the lived experiences of people of stutter (through activities such as participating or volunteering in support groups for people who stutter, reviewing videos/podcasts/and books on the lives of people who stutter, or having/forming conversational groups with people who stutter.)
- ☐ Demonstrates effective written communication skills. (1c)

CASE STUDIES

Evaluations:

- ☐ Provides rationale regarding the need for an evaluation or re-evaluation, based on screening or initial intake information. (4b, 4c, 4d)
- ☐ Conducts a multidimensional differential assessment, including all aspects of communication and cognitive/affective areas, providing clear rationale for assessment measures used. (4d, 4e)
- ☐ Interprets informal and formal measures to determine the overall life impact of the problem and the client's strengths, coping strategies, resources and supports. (4f)
- ☐ Bases diagnosis on assessment results. (4g)
- ☐ Develops a differential treatment plan based on the assessment results. (4g, 4h)
- ☐ Develops a differential treatment plan based on client and/or stakeholder needs and preferences. (2d, 4j)

Treatment Procedures:

- ☐ Provides clear rationale for treatment objectives supported by evidence-based practice. (1a, 1b, 1c, 4g, 4h)
- ☐ Conducts treatment consistent with stated objectives and methods. (2d, 4f, 4g, 4h, 4j)
- ☐ Demonstrates mastery of clinical methods utilized with client. (1a, 1b, 1c, 3e, 4j)
- ☐ Modifies treatment based on data across sessions. (1c, 4j)
- ☐ Modifies treatment based on client and/or other stakeholders interests or needs. (4i, 4j)
- ☐ Rationale for treatment modifications are evidence-based. (1a, 1c)

- ☐ Integrates effective counseling and/or problem-solving skills throughout the provision of service. (3a, 4a)
- ☐ Implements and modifies appropriate follow-up and maintenance planning, if appropriate to case. (4k)
- ☐ Demonstrates ability to interact professionally and appropriately with the client and significant others during assessment and treatment. (3a. 4a. 4d, 4j)
- ☐ Demonstrates effective written communication skills. (1c, 2a, 2e, 4i)
- ☐ Philosophy is reflected throughout evaluation and treatment plan

APPENDIX G

DEVELOPMENT OF THE *Original Fluency Specialist* 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 BCS-Fs
The need to educate BCS-Fs 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 BCS-Fs (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 BCS-Fs 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 "BCS-Fs". 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 BCS-F 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 Toward BCS-F
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 BCS-Fs.

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 BCS-Fs. 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

BCS-F 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).

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