

American Board of Swallowing and Swallowing Disorders  
(AB-SSD)  
Operational Manual

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I. INTRODUCTION.....	4
IA. Mission Statement .....	4
IB. Board Responsibilities .....	4
IC. Council for Clinical Specialty Certification.....	5
II. MEMBERSHIP: Affiliates.....	5
Eligibility Requirements	
II.A. ASHA Certification of Clinical Competence.....	5
II.B. Continuing Education.....	5
II.C. Post-Clinical Competence Certification Clinical Experience.....	5
II.D. Related Professional Activities.....	6
III. APPLICATION PROCESS.....	6
III.A Application Requirements .....	7
III.B. Responsibilities of Badger Bay Management Company for Application Process...	
III.C. Responsibility of Application Committee Reviewers .....	8
IV. EXAMINATION PROCESS.....	8
IV.A. Written Examination.....	8
IV.B. Scheduling Written Examination.....	8
IV.C. Procedure to Register for the Online Examination.....	8
IV.D. Proctor’s Role and Responsibilities.....	9
IV.E. Candidate’s Responsibilities.....	9
IV.F Special Circumstances.....	9
IV.G Notification of Examination Results and Conferring of BCS-S.....	9
IV.H Re-taking Examination.....	9
V. MAINTENANCE AND RENEWAL APPLICATION .....	10
V.A. Renewal Application Requirements.....	10
VI. EMERITUS STATUS.....	10
VI.A. Description.....	10
VI. B. Eligibility.....	10
VI.C. Application Process.....	11
VI.D. Emeritus Privileges.....	11
VII. GOVERNANCE: BOARD MEMBERS .....	11
VII.A. Structure.....	11
IV.A.1. Term of Board Members.....	11
IV.A.2. Roles and Responsibilities of Board Members.....	11
IV.A.3. Nominations and Elections for Board Members.....	11
VII.B. Consumer Board Member .....	12
IV.B.1. Term of Consumer Board Member.....	12
IV.B.2. Roles and responsibilities of Consumer Board Member.....	12
IV.B.3. Nominations and Elections for Consumer Board Member.....	12
VII.C. Executive Committee (EC).....	13
VII.C.1. Roles and Responsibilities of the Executive Committee.....	13
VII.C.1.a. Chair.....	13
VII.C.1.b. Vice-Chair.....	13
VII.C.1.c. Secretary.....	13
VII.C.1.d. Treasurer.....	13

VII.D. BCS-S Historian .....	13
VII.D.1 Role of the Historian.....	13
VII.D. Revisions in Composition of the Board.....	14
VIII. PROCEDURES OF THE AB-SSD.....	14
VIII.A.Meeting Requirements.....	14
VIII.B.Operational Duties of the AB-SSD.....	14
IX. STANDING COMMITTEES.....	15
IX.A. 1 The Application Committee .....	15
IX.A.1.a.Charge.....	15
IX.A.1.b. Composition and Appointment of the Application Committee..	15
IX.A. 2. Examination Committee.....	16
IX.A.2.a. Charge.....	16
IX.A.2.b.Composition and Appointment of the Examination Committee...	16
IX.A. 3. Continuing Education Committee (CEC).....	16
IX.A.3.a. Charge .....	16
IX.A.3.b. Composition and Appointment of the CEC.....	17
IX. A. 3. c Review of CE programs .....	17
IX.A.4 Public Relations-Membership (PR/Membership) Committee .....	17
IX.A.4.a.Charge.....	17
IX.A.4.b. Composition and Appointment of PR/Membership Committee...	17
IX.A.5. Nominations Committee.....	17
IX.A.5.a. Charge.....	17
IX.A.5.b. Composition and Appointment of Nominations Committee.....	17
IX.A.6. Mentor Committee.....	18
IX.A.6.a. Charge.....	18
IX.A.6.b. Composition and Appointment of Mentor Committee.....	18
IX.A.7 Communications Committee .....	
IX.A.6.a. Charge .....	
IX.A.6.b Composition and Appointment of Communications Committee .....	
XI. SPECIAL PROGRAMS .....	
XI.A. Mentor Program.....	18
X.A.1 General Guidelines.....	18
X.A. 2 Role of the Mentor.....	18
X.A.3 Program Procedures .....	19
XI.B. Corporate Sponsor Program.....	19
X.B.1 Role of AB-SSD for the Corporate Partners Program.....	19
X.B.2 Role of Corporate Sponsor .....	20
XI.C. BCS-S Speakers Bureau.....	20
X.C.1 General Guidelines.....	20
XII. FISCAL RESPONSIBILITY OF THE AB-SSD.....	20
XII.A. Fiscal Year.....	20
XII.B. Projected Expenditures.....	20
XIII. APPEALS PROCESS OF BOARD DECISIONS.....	20
XII.A. Guidelines for the Appeals Process.....	21
XIV. REVOCATION.....	21
APPENDICES .....	22

Appendix A: Bylaws .....	23
Appendix B: Specialty Certification Scope and Standards.....	26
Appendix C: AB-SSD Relationship with ASHA and Responsibilities of the CFCC Advocate to BCS-S .....	28
Appendix D: Checklist and Initial Application Form for BCS-S .....	32
Appendix E: Fee Schedule.....	50
Appendix F: Proctor Approval Form.....	51
Appendix G: Checklist and Renewal Application Form for BCS-S.....	53
Appendix H: Sample Request Forms for Nominations of Board Member.....	68
Appendix I: Sample Request Forms for Nominations of Consumer Member.....	71
Appendix J: Sample Annual Report to CFCC.....	72
Appendix K: Sample 5 Year Report to CFCC.....	75
Appendix L: Appeal of AB-SSD Decisions .....	78

## I. INTRODUCTION

The Manual for the AB-SSD American Board of Swallowing and Swallowing Disorders (AB-SSD) details the specific policies and procedures whereby the Board fulfills its charge of administering a high quality program for the board certification of specialists in swallowing and swallowing disorders (BCS-S). Included in this manual are the Board's mission statement, responsibilities, organizational structure, and components of the BCS-S certification program. Appendices include definitions of the specialty area, compliance with requirements by American Speech-Language Hearing Association's Council for Clinical Certification (CFCC) and application and report forms for the administration of the program. Appendices also include application and renewal packets, and information on advanced skills needed to apply for BCS-S. The Board will comply with the approved program bylaws governing the internal management of the Specialty Certification Program on Swallowing and Swallowing Disorders (Appendix A).

### I.A. Mission Statement

- To administer an efficient certification program for specialists in the clinical practice and research in swallowing and swallowing disorders,
- To provide the opportunity for practitioners to specify the nature of the clinical practice they provide,
- To provide advanced-level educational opportunities for practitioners,
- To maintain a mechanism by which the public can identify those practitioners with specialized clinical knowledge, education, and experience, and
- To increase awareness of validated assessment and treatment procedures, and promote educated choices for provision of services, and

To achieve these goals, this board will:

- provide incentives for and access to professional acknowledgment of advanced knowledge and skills in swallowing and swallowing disorders, and
- identify individuals with special and advanced expertise who may serve as mentors for other professionals in health care communities and training institutions.

#### I.B. Board Responsibilities.

It is the responsibility of this AB-SSD to:

- Establish, maintain, and periodically update the standards for Certification as a Specialist in the area of Swallowing and Swallowing Disorders (BCS-S).
- Maintain a fair and equitable process by which ASHA certified speech-language pathologists (SLPS) can apply for Certification as a Specialist in Swallowing and Swallowing Disorders (BCS-S).
- Encourage scientific study in the area of swallowing and swallowing disorders.
- Support high standards for the delivery of clinical services and procedures in the area of swallowing and swallowing disorders. (Appendix B)
- Advocate for the rights and interests of persons with swallowing disorders.
- Develop and implement other activities as deemed appropriate by the Board (e.g., recognition of meritorious service, provision of continuing education programs, and dissemination of public awareness literature), consistent with the purposes of the Specialty Certification Program and Articles of Incorporation.

#### I.C. Council for Clinical Certification Responsibilities (CFCC)

It is the responsibility of the CFCC to facilitate communication and act as a resource to the AB-SSD (Appendix C).

## II. MEMBERSHIP: Affiliates

AB-SSD Certification is the process by which a speech-language pathologist demonstrates, through clinical experience, advanced continuing education and passing of a national examination, a mastery of knowledge and skills that define the area of swallowing and swallowing disorders. These advanced skills are maintained during board certification through ongoing commitment to continuing education and clinical service or administrative/academic service. Scientific contributions and leadership experiences are additional areas in which applicants can demonstrate development and maintenance of mastery. Henceforth, all AB-SSD members will be referred to as affiliates.

The Specialty Certification Program recognizes affiliates following two career paths: Clinical and Academic/Administrative. Basic eligibility requirements are the same for these two pathways; however specific requirements are tailored to the applicant's career path.

Eligibility Requirements. All applicants will be required to meet the following:

II.A. *American-Speech-Language Hearing Association (ASHA) Certification.* All applicants must currently hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

II.B. *Continuing Education.* All applicants must document receipt of at least **7.5 Continuing Education Units (CEUs) in the area of dysphagia within the last 3 years prior to application.** A minimum of 4.5 of the CEUs need to be ASHA sponsored courses and up to 3.0 of the CEUs may be non-ASHA sponsored continuing education events that relate to dysphagia. Individuals attending workshops which do not give ASHA CEUs may apply for independent study through an ASHA-approved CE provider who agrees to sponsor independent study to receive ASHA CEUs. Continuing education activities may include advanced workshops, meetings or courses in swallowing and swallowing disorders, and evidence of attendance at other educational activities in closely related fields. Applicants who teach a dysphagia course at an approved university/college or provide dysphagia-related lectures at a conference, which provides ASHA CEUs, may apply a maximum of 3.5 CEUs to the 7.5 CEU requirements for BCS-S.

Continuing education activities completed before the applicant was awarded the Certificate of Clinical Competence (CCC) do not satisfy CEU requirements for specialty certification.

II.C. *Post-Certification of Clinical Competence Clinical Experience.* All applicants must have completed a **minimum of 3 years post-certification (CCC-SLP)** clinical work with a focus in swallowing and dysphagia.

II.C.1. Clinical Pathway: a minimum of 350 clock hours per year of evaluation, treatment and/or supervision of SLPs working with clients with swallowing disorders. The applicant must have completed 350 hours **per year for each of the 3 years** prior to applying for BCS-S.

Supervision of speech-language pathology staff members and students providing evaluation and treatment to infants, children or adults with feeding and swallowing disorders can account for 100 of the required 350 hours/year. Supervisors must submit a statement affirming that all of the 100 hours of supervision were for dysphagia cases. The balance of the hours must be obtained from direct face-to-face clinical service to patients.

II.C.2. Academic/Administrative Pathways: a minimum of 100 clock hours per year for each of the 3 years prior to applying of evaluation, treatment and/or supervision of SLPs working with clients with swallowing disorders. In addition, the applicant in this pathway must have 450 hours in the 4 years before applying. These hours must all be direct patient/research subject contact hours. Applicants shall hold an academic position in a degree-granting institution with a combination of teaching, and research, and academic advising with a focus on swallowing and swallowing disorders or an official supervisory position overseeing a program that provides direct clinical dysphagia services.

For academic positions, evidence of student advising, teaching, and research must be included in the narrative section of this application. Evidence of teaching should include a syllabus of the dysphagia course taught.

For administrative positions, applicant's job responsibilities must include supervision of clinical staff, program development, and leadership in the institution directly relative to swallowing and

swallowing disorders. Evidence of these areas of leadership must be included in the narrative section of this application. Examples could include: policy or protocol development regarding swallowing program, development of training and education materials for staff regarding swallowing and swallowing disorders, development and implementation of quality improvement programs related to swallowing disorders and oversight of staff involved in these activities.

**II.D Related Professional Activities.** All applicants must document in writing that they applied the highest level of ethical standards in their practice (e.g., service delivery and/or in the conduct of scholarship and research), have advanced skills in swallowing and swallowing disorders, and have excelled in one or more of the following Related Professional Activities over the past 3 years:

- Education/Mentorship
- Leadership
- Scholarship/Research

Applicants in the **Clinical Pathway** must evidence advanced skills by satisfying at least a minimum of two types of activities. These activities may demonstrate advanced skills within one category *or* one activity in two different categories. Applicants in the **Academic Pathway** must evidence advanced skills by satisfying at least a minimum of two types of activities. These activities must be in the Education/Mentorship or Scholarship/Research categories. Applicants in the **Administrative Pathway** must evidence advanced skills by satisfying at least a minimum of two types of activities. At least one activity must be in the Leadership category. The remaining activities may be within that same advanced skill or the Education/Mentorship or Scholarship/Research categories.

### III. APPLICATION PROCESS

Interested individuals should download application packets from the website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)). Each application packet should include an application form and checklist (Appendix D). Several documents are available on the website to guide individuals with the application process.

#### III.A. Application Requirements

Each applicant must submit to the American Board of Swallowing and Swallowing Disorders ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) the following:

- Completed Application Form and Checklist.
- Documentation of post-certification Continuing Education.
- A minimum of three (3) current reference letters on professional letterhead that attest to the applicant's advanced competency. At least one letter should verify that the applicant has provided a minimum of **350 hours per year of evaluation and/or treatment of persons with swallowing disorders (Clinical Pathway) or 100 hours per year (Academic/Administrative Pathways)** research or teaching related to evaluation and/or treatment of persons with

swallowing disorders for each of the 3 years prior to applying for BCS-S **with 450 hours in the 4 years before applying**

- Each letter should be accompanied by a completed rating form.
  - The letters and rating forms are submitted directly to the Board's office.
- A written narrative of evidence of advanced skills in swallowing and swallowing disorders as demonstrated by documentation of related professional activities over the **past 3 years in one or more** of the following categories:
  - **Education/Mentorship**
  - **Leadership**
  - **Scholarship/Research**
- 250 word **Biographical Summary** stating the reason(s) for applying for BCS-S and how being awarded BCS-S would help the applicant further the profession and protect consumers.
- **Curriculum Vitae**, including documentation of a **minimum of 3 years post certification clinical experience** in swallowing and swallowing disorders. Specify how and where this experience was obtained and whether it was with pediatric and/or adult populations.
- A photocopy of the current **ASHA membership card** or other documentation of current ASHA certification status
- Non-refundable **application fee** (Appendix E)

### III.B. Responsibility of Badger Bay Management (BBM) Company for Application Process

Badger Bay Management will assume oversight for application reviews. Applications are submitted directly to the American Board of Swallowing and Swallowing Disorders via Badger Bay Management at 563 Carter Court, Suite B, Kimberly, WI 54136.

III.B.1. Once an application has been submitted, BBM will complete a preliminary review to verify presence and accuracy of submission components. Those components include:

- Application checklist
- Current ASHA membership card and verification of CCC with ASHA
- 3 letters of reference and rating forms
- Curriculum vitae
- Proof of attendance for CEUs
- Application Fee

III.B.2 Following that verification, a scanned copy of the application will be emailed to three reviewers.

III.B.3 After completed review forms have been submitted by the reviewers, BBM will tabulate results and contact reviewers if there is not unanimous acceptance of applicant. If a 4<sup>th</sup> reviewer is needed (for non-unanimous votes), BBM will contact that reviewer and email scanned copy of the application.

III.B.4 BBM will notify applicants of results of review via email. For accepted applications, correspondence will outline following steps to schedule the examination (See section IV.C.) . For denied applications, BBM will work with reviewers to compose denial letter to applicant that provides input on areas of strengths and weaknesses and suggestions for further development.



### III.C. Responsibility of Application Committee/Reviewers

Three members of the Application Committee of the American Board of Swallowing and Swallowing Disorders will independently review each application and determine if the applicant has successfully met the criteria.

III.C.1 Three members of the Application Committee will independently review an application packet and submit completed review forms to BBM within designated time periods.

III.C.2 If results of 3 application reviews were not unanimous, reviewers will be contacted by BBM and reviewers will determine options for course of action. Options include conference call by reviewers or addition of 4<sup>th</sup> reviewer.

III.C.3 Application reviewers will coordinate with BBM to finalize application review results. Reviewers will provide input for denial letter sent by BBM when applicable.

## IV. A. Written Examination.

- The candidacy process requires the successful completion of a 2-hour computerized written examination. Written examinations comprises the following:
  - There are two separate examinations, one Adult-focused and one Pediatric-focused. Each examination has a core set of questions that are included in both exams, and other questions of which are specific to the Adult or Pediatric examination.
  - Each examination (Adult and Pediatric) includes two sections:
    - Section 1 of the examination includes content directed at an advanced knowledge level in the area of swallowing and swallowing disorders,. Examples of content areas include anatomy, physiology, neurophysiology, pathophysiology, instrumental assessment, and the development of feeding and swallowing.
    - Section 2 of the examination comprises clinical applications in the form of case presentations. The core set of questions assures a standardized and equitable process for each candidate's examination. Case presentations are geared toward the Adult or Pediatric Examination. The candidate is expected to be able to integrate the symptoms, signs, and causes for malnutrition, dehydration, and aspiration with the medical status of the patient and develop appropriate evaluation and management strategies.

Information to assist candidates with preparation for the examination is available on the website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)).

## IV.B Scheduling Written Examination.

Within one month following notification of acceptance of the application for Specialty Certification, the candidate must schedule the time and location of this examination and submit the written examination fee (Appendix E). The examination must be completed within 3 months following

notification of acceptance of the application for BCS-S candidacy. This notification will include specific details about the examination process.

#### IV.C. Procedure to Register for the On-Line Examination

IV.C.1. It is the candidate's responsibility to nominate a proctor and make arrangements for a proctor and a test location. The written examination will be administered by a pre-approved ASHA member/proctor in an appropriate facility of the candidate's choice (e.g., local university, speech and hearing center, hospital, school, clinic, or library).

IV.C.2 The proctor must be a current ASHA member in good standing. For candidates outside of the US, the proctor may be a current member of that country's national professional association (i.e. CASLPA or RCSLT). The proctor should not be related to the nominee or have been a fellow student or co-worker in the same physical setting or facility within the past 3 years. An applicant's mentor may serve as proctor as long as the above criteria are maintained.

IV.C.3 The candidate is responsible for ensuring that the facility has an appropriate testing environment (i.e., private and quiet) and appropriate computer access that may be used during the examination. Examples of appropriate facilities are a local university, speech and hearing center, hospital, school, or clinic.

IV.C.4 The candidate will submit the name of the potential proctor and the location of the testing, and examination fee to the administrative offices of the AB-SSD within one month of receiving letter of acceptance. (Appendix F)

IV.C.5 The Examination Committee will determine the appropriateness of the proctor and facility within 15 business days of the request. The administrative offices of AB-SSD will contact the applicant about the status of this decision.

#### IV.D. Proctor's Role and Responsibilities

- The Examination Committee will provide the proctor with a protected password to log onto the examination website which will allow the candidate access to the web-based examination. A sealed hard copy of the examination is also sent to the proctor to be used only in emergency situations if web-based examination procedures fail.
- The proctor will supervise the examination to ensure that the candidate completes the examination independently (e.g., no notes or reference materials). The Proctor will be on-site the entire 2 hour period to oversee the candidate's test-taking.
- The Proctor will ensure that the candidate relinquishes his/her phone, I-pad, lap-top or other computer device, as well as any papers/files prior to taking the exam. The Proctor will retain these until the candidate completes the examination.
- The proctor will assure that the completed examination is submitted electronically according to the written instructions at the end of the examination.
- The proctor will return the unopened hard copy of the exam to the Administrative offices of Badgerbay if not used.

If the hard copy was used, the proctor will mail it directly to the Administrative offices of Badgerbay Management.

#### IV.E. Candidate's Responsibilities

- The candidate will receive a Proctor Approval Form from the administrative offices of the AB-SSD requesting suggested proctor and dates and times for the examination. (See Appendix F)
- The candidate will receive the password for access to the web-based examination from the proctor. The printed instructions are self-explanatory and will guide the candidate through the questions.

- The examination will consist of multiple-choice questions (1-point each), the majority of which are core questions to be included in both the Adult and Pediatric examination, and other questions specific to either the Adult or Pediatric examination plus case studies involving either children or adults. Each case study will have questions.
- The candidate cannot bring in a phone, laptop, I-pad, or any other computer device, and cannot bring in any papers during the exam. These will be held by the proctor and can be retrieved from the Proctor after the exam. Should the candidate bring any of these devices/papers into the exam, they will forfeit passing the exam, regardless of their score.
- The candidate will have access to questions on the examination for a maximum of two hours.

#### IV.F. Special Circumstances

In special circumstances following the Board's acceptance of the application and upon written approval from the Examination Committee of the AB-SSD, the candidate may be granted up to one year, to complete the examination.

#### IV.G. Notification of Examination Results and Conferring of BCS-S

The candidate will receive scoring results of the computerized written examination immediately upon completion of the examination. A passing score of **80%** is required for completion of the candidacy process. The AB-SSD will confer BCS-S affiliate status and provide a certificate when the examination has been passed. If the paper form had to be used, the candidate will be notified via email by Badgerbay within two weeks of the postmark of the completed exam. ....

#### IV.H. Re-taking Examination

A candidate may take the examination a maximum of three times during 12 months if more than one exam attempt is needed in order to receive a passing score. A second exam should be taken at least six weeks after the first exam attempt. A third and final exam attempt must take place at least six months after the second attempt. There is no fee associated with the first retake of the examination. A fee of \$75.00 will be applied to a third attempt. If the candidate is not successful in passing the examination during the initial one-year period, he/she must wait three years from the third exam attempt prior to initiating the BCS-S application process again.

### V. MAINTENANCE AND RENEWAL APPLICATION

BCS-S must be renewed **every 5 years**. The AB-SSD will notify affiliates twelve (12) months and again at six (6) months before expiration of BCS-S, that they must complete all clinical practice and CEU requirements for renewal and that a renewal packet must be submitted by the date 5 years from their designated renewal date which is the date they achieved BCS-S or last renewed their BCS-S. Packets **must** be postmarked by the designated renewal date. Failure to comply will result in revocation of their BCS-S. V.A. Renewal Application Requirements.

Each renewal packet (Appendix G) will contain a form requesting the following current professional information:

- **Updated Curriculum Vitae**, including documentation of continued clinical experience in swallowing and swallowing disorders, presentations, publications, courses and self-study activities.

- Documentation of **350 clock hours each year (Clinical Pathway) and 100 clock hours (Academic/Administrative Pathway)** of dysphagia evaluation and treatment experience and/or swallowing related research for each of five years prior to the renewal process;
- **12.5 dysphagia-related CEUs** achieved within the past **5 years** prior to renewal. There must be evidence of ongoing annual CEUs during the entire 5 years period prior to renewal;
- Written narrative of related professional activities in swallowing and swallowing disorders over the past 5 years in one or more of these categories: Education/Mentorship, Leadership, Scholarship/Research and reason/justification for renewal.
- A photocopy of the current **ASHA membership** card or other documentation of current ASHA certification status.
- A renewal fee (Appendix E)

If a special/extenuating circumstance arises where an affiliate applying for renewal is unable to meet the minimum clinical hours and/or continuing education requirements, that affiliate should submit a petition along with their completed packet to the Application Committee for consideration. That petition letter should provide a detailed explanation and potential suggestions for compensation. Each petition will be evaluated on an individual basis. The Application Committee may extend the period of certification to allow the affiliate to obtain the clinical hours or continuing education units or may adjust the requirement(s) on a case by case basis.

When certification is revoked, the individual can resubmit a new application and will need to meet all requirements for initial certification, including taking the examination.

## VII. GOVERNANCE: BOARD MEMBERS

### VII.A. Structure

The Board comprises 12 affiliates who are Board Certified Specialists and one consumer (or a family member or caregiver of such a consumer) of services related to swallowing and swallowing disorders. Henceforth, affiliates elected to serve on the Board will be referred to as Board Members.

#### VII.A.1. Term of Board Members

Each Board member is elected to serve a 3 year term and may run for a second 3 year term. Board Members may not serve for more than 2 consecutive terms or 6 years. A Board Member may be eligible for re-election after the two consecutive 3-year terms (or 6 years) following a 3-year hiatus. If re-elected after a 3-year hiatus, the Board member is eligible to run for 2 consecutive terms or 6 years. Board Members will be responsible for renewal fees, but exempt from the renewal process procedures during their tenure on the Board. Terms of office begin January 1 after the year in which the election was held. Board members-elect are encouraged to attend the face-to-face meeting at the ASHA convention in November, but are not full voting members until January.

#### VII.A.2. Roles and Responsibilities of Board Members

- Attendance at the annual board meeting scheduled during the pre-conference day before the Annual Convention of the ASHA. It is the responsibility of each Board Member (except the Consumer Member) to pay for travel, lodging and meals associated with the Annual AB-SSD Board Meeting.
- Participation in one 1-hour telephone call monthly.
- Participation in at least one major committee assigned to Board Members

- Participation in the nomination and election of the Executive Committee (EC) of the Board, including positions as Chair/Chair-Elect, Secretary and Treasurer.

#### VII.A.3. Nominations and Elections for Board Members

- Email announcement for soliciting nominations for members of the board will be sent to all current BCS-S affiliates. An email reminder will be sent 2 weeks before the deadline for submission of nominations. The deadline for all nominations will be 30 days after the initial email announcement. (Appendix H)
- Nominees must hold a current status as a Board Certified Specialist in Swallowing and Swallowing Disorders.
- The Nominations Committee will review all potential nominations and recommend a maximum of 2 persons per available position on the board. Decisions will be made on the basis of experience and ensuring that the board has representation of the scope of practice in swallowing and swallowing disorders (e.g., different settings and age groups).
- All current affiliates will vote by ballot to elect board members from nominations received and reviewed by current Board Members.

#### VII.B. Consumer Board Member

The role of the Consumer Board Member is to advocate for the rights and concerns of individuals who have swallowing disorders.

##### VII.B.1. Term of Consumer Board Member

The Consumer Board Member will be elected for a 3-year term and may run for a second 3-year term. The Consumer Board Member may not serve for more than 2 consecutive terms (or 6 years). A Consumer Board Member may be eligible for re-election after the two consecutive 3-year terms (or 6 years) following a 3-year hiatus. If re-elected after a 3-year hiatus, the Board member is eligible to run for 2 consecutive terms or 6 years.

##### VII.B.2. Roles and Responsibilities of Consumer Board Member

The Consumer member will serve as a consumer advocate. This person will be a person with a current or past dysphagia or a family member or caregiver of a person with current or past dysphagia. Responsibilities include:

- Attendance at the annual meeting scheduled concurrent with the Annual ASHA Convention. The Board will pay for travel, lodging (1 night accommodation), and meal expenses for the Consumer Member to attend this AB-SSD Board telephone call monthly.
- Other duties as suggested by the Board and agreed upon by the Consumer member. Depending on their experience and skills, this member will contribute to raising awareness of BCS-S to consumers and ensuring that consumers' needs are sufficiently considered by the AB-SSD.

##### VII.B.3. Nominations and Elections for Consumer Board Member

Appointments will be made according to the nomination and election procedures below:

- Nominations for the consumer member of the board will be solicited through email to all AB-SSD affiliates. The deadline for all nominations will be 30 days after the initial email announcement. (Appendix I)
- Email announcements will include:

- Statement of the Board’s Mission (i.e., protection of consumers – See Section I.A.)
- A list of necessary qualifications
  - A person who has experienced swallowing problems or
  - A family member or caregiver of a person who has experienced swallowing problems.
- Description of term
- Description of responsibilities of consumer member
- Request for nominations and nomination forms will be posted on the AB-SSD website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) for 30 days after the initial email posting.
- Nomination forms will include information about specific skills or qualities the individual brings to the board and reasons for seeking a position on the board.
- All current affiliates will vote by ballot to elect the Consumer Board Member from nominations received and reviewed by Board Members.
- Announcement of selected candidates will be made no later than 3 months prior to the ASHA convention. This is to facilitate attendance by newly elected Board members at the Board’s face to face meeting as part of their orientation.

#### VII.C. Executive Committee (EC)

Board Members will nominate and vote for the chair, secretary, and treasurer from members of the Board to serve on the Executive Committee (EC) no later than 3 months prior to the annual face-to-face meeting at the ASHA National Convention. Announcement of selected positions will be communicated prior to the annual face-to-face meeting of the AB-SSD conducted on the committee day preceding each ASHA National Convention. This is to facilitate attendance by new EC members at ASHA face-to-face meeting. The vice-chair will be a Board Member who is chosen by the Chair of the Board. Each term will be for 3-years. EC members may serve for a maximum of 2 consecutive 3-year terms.

##### VII.C.1. Roles and Responsibilities of the Executive Committee

- VII.C.1.a. Chair: The Chair will be the presiding officer of the Board and convene all meetings. The Chair will be elected to one 3-year term by the majority vote of the AB-SSD. The Chair’s term on the EC may exceed the 6-year limit when a member of the EC assumes the position of Chair during the member’s second term on the Board.
- VII.C.1.b. Vice-Chair: The Vice-Chair assumes the duties of the Chair in the absence of the Chair and may be assigned other duties as deemed appropriate by the Chair. The Vice-Chair’s term on the EC may exceed the 6-year limit when a member of the EC assumes the position of Vice-Chair during the member’s second term on the Board.
- VII.C.1.c. Secretary: The Secretary is responsible for preparation of all minutes, filing and maintaining all documents from all meetings held by the AB-SSD or its committees. The Secretary will document any motions and votes by the Board. The Secretary is responsible for coordinating the ongoing update to the Operating Manual. The Secretary coordinates with the Communications Committee Chair to compose and distribute Easy To Digest newsletter and other communications to affiliates and SLPs interested in applying. The Secretary’s

term on the EC may exceed the 6-year limit when a member of the EC assumes the position of Secretary during the member's second term on the Board.

VII.C.1.d. Treasurer: The Treasurer serves as chief financial officer and is responsible for preparation and maintenance of the budget. The Treasurer works with a financial consultant in preparation of all appropriate tax documents. The Treasurer's term on the EC may exceed the 6-year limit when a member of the EC assumes the position of Treasurer during the member's second term on the Board.

#### VII.D. AB-SSD Historian

The AB-SSD Historian is a Board appointed position. This position does not carry a term limit. Qualifications for this position include a minimum of 2 terms served on the board. This qualification is necessary to ensure a significant historical perspective to aid the board and program. This appointed position is a non-voting position. The AB-SSD Historian will be responsible for renewal fees, but exempt from the renewal process procedures during his/her tenure.

##### VII.D.1 Role of the Historian

- Participate in monthly AB-SSD Board conference calls as needed.
- Participate in committee conference calls as requested.
- Provide historical input to Board on program activities to support current and future planning
- Support focus on initial and current mission and goals of the BCS-S Program
- Provide historical written documents and minutes when requested
- Provide input and support to EC, as requested
- Maintain ongoing working knowledge of past and current Operating Manual to provide input to the Board when requested

#### VII.E. Revisions in Composition of the Board

VII.E.1. Vacancies, whether by end of term, resignation, death, incapacity or otherwise, shall be filled by Board appointment for the duration of the term. The Board member appointed to an unexpired term shall be eligible to be elected to serve one full 3-year term when the time remaining in the unexpired term is greater than one (1) year or two full 3-year terms when the remaining time in the unexpired term is less than one (1) year.

VII.E.2. A member of the Board may be removed from office by a majority vote of the other members of the Board.

### VIII. PROCEDURES OF THE AB-SSD

#### VIII.A. Meeting Requirements

VIII.A.1. The American Board of Swallowing and Swallowing Disorders will meet at least once a year to conduct business related to its responsibilities. Additional meetings may be convened at the

discretion of the AB-SSD and with approval of the Chair and Treasurer. Meeting facilities will be accessible to accommodate the needs of any members with disabilities.

VIII.A.2. Board telephone conference calls should be conducted once monthly, or more often as needed.

VIII.A.3. All face-to-face and telephone conference meetings will follow the proceedings of 21st Century Robert's Rules of Order (1995).

VIII.A.4. Summaries of the meetings may be posted on the website and made available to all affiliates.

### VIII.B. Operational Duties of the AB-SSD

VIII.B.1.a. Evaluate, refine, maintain, and revise the process for application to BCS-S, as needed.

VIII.B.1.b. Establish and maintain procedures for providing public and professional acknowledgment of individuals with BCS-S (e.g., website listing on [www.swallowingdisorders.org](http://www.swallowingdisorders.org) and approved use of BCS-S acronym for affiliates).

VIII.B.1.c. Administer procedures for appeals and grievances, and convene an Appellate Body, as needed.

VIII.B.1.d. Create and dissolve standing committees, and designate and change committee charges, size, composition, and terms, as needed.

VIII.B.1.e. Establish procedures for routinely evaluating the satisfaction of those affiliates participating in the specialty certification program.

VIII.B.1.f. Approve any revisions to the operational manual of the Board to reflect changes in policies or procedures. Archive past versions of the manual.

VIII.B.1.g. Encourage the development of continuing education for affiliates and non affiliates with the purpose of maintaining and advancing clinical knowledge and skills and promoting highly qualified consumer services.

VIII.B.1.h. Update the required quantity of post-certification CEUs necessary for BCS-S and standards for determining whether non-ASHA CEUs fulfill the necessary requirements for specialty certification, as needed.

VIII.B.1.i. The AB-SSD will provide evidence to the CFCC of an evaluation of the success and relevance of the Specialty Certification Program.

- An Annual Report will be submitted to the CFCC which outlines the number of new applicants and affiliates, any revisions made to the program and manual, complaints, and program viability (Appendix J).



- A 5-Year Report will be submitted to the CFCC which demonstrates adherence to the specialty program standards, review and evaluation of the program, and a 5 year strategic plan (Appendix K).

VIII.B.1.j. Implement a strategic marketing plan, which may include but is not limited to

- Creation of marketing materials to promote BCS-S
- Maintenance of a database for communicating information on BCS-S benefits.
- Solicitation of endorsements of BCS-S from healthcare affiliates (e.g., American Radiological Association, American Academy of Otolaryngology-Head and Neck Surgeons, American Gastroenterology Association, etc.).
- Utilization of state association meetings to disseminate information.
- Utilization of existing communication mechanisms (e.g., Special Interest Group 13 newsletter and listserv).
- Maintenance of a Corporate Partners Program

## IX. STANDING COMMITTEES

IX.A. Standing committees, established by the EC, will meet on a regular or intermittent basis depending upon their tasks, and remain in existence until a subsequent official action of the EC makes changes to the law or by-laws and disbands the committee, or changes the committee's duties and powers. The standing committees established by the board are the: Application Committee, Examination Committee, Continuing Education Committee, Public Relations-Membership Committee, Nominations Committee, Mentor Committee, and Communications Committee.

### IX.A. 1 The Application Committee

#### IX.A.1.a. Charge.

The Application Committee is responsible for the development and revision of guidelines for the assessment of applicant requirements for BCS-S. Application Committee members review all submitted applications to determine eligibility for the BCS-S process and all submitted renewal applications to determine eligibility for renewal of BCS-S.

#### IX.A.1.b. Composition and Appointment of the Application Committee.

Secondary to the nature of application review, all members of the Application Committee must be current or former Board members. The committee comprises a Chair and up to 6 additional members. These members are necessary for timely review of applications and making decisions when a unanimous decision is not achieved. The Chair of the Application Committee will be a Board member recommended by the Executive Committee and endorsed by the Board. All Application Committee members must complete application training program with mentorship prior to independently reviewing applications. This is necessary to maintain consistency and objectivity in reviewing applications. Four of the members of the Application Committee (or at least 50% of the committee) must be active board members. The chair must be an active member of the Board.

### IX.A. 2. Examination Committee

#### IX.A.2.a. Charge

The Examination Committee will create and maintain test forms and materials for the Board. The examination will be designed to identify individuals with mastery of the knowledge base related to swallowing and swallowing disorders employing a fair, equitable and transparent process. The scope and nature of the examination will be dynamic and is expected to change over time to best identify individuals with advances in technology and the knowledge base. The Committee will develop and maintain forms for initial testing and a second pool of testing materials for those applicants who require re-testing. The examination will test the applicant in the areas of anatomy, physiology, pathophysiology and management of patients with swallowing disorders and will include items that will test the applicant's ability to synthesize their knowledge base with clinical case presentations. The examination test forms will be reviewed yearly by the committee for construct validity and accuracy of coding.

#### IX.A.2.b. Composition and Appointment of the Examination Committee

The Chair of the Examination Committee will be a Board member recommended by the Executive Committee and endorsed by the Board. The Examination Committee comprises at least two members of the BAB-SSD. Additional members will be identified among affiliates by the Chair of the Committee and/or the Executive Committee and approved by the Board..

### IX.A. 3. Continuing Education Committee (CEC)

#### IX.A.3.a. Charge

The mission of the CEC is to support clinical excellence among BCS-S affiliates and non- affiliates through provision of advanced level continuing education experiences. These experiences may include, but are not limited to, web-based continuing education courses and SB-SSD sponsored live workshops.

The CEC will provide an annual schedule of advanced level continuing education programs (CEP's) for affiliates and non-affiliates. The committee will select topics, produce, direct and arrange to distribute these CE productions. The committee will collaborate with the Treasurer for generating an annual budget for the CEP and the Public Relations Committee for publicizing and marketing the CEP. The CEC will survey BCS-S affiliates regarding CE needs, as needed.

The CEC will work with BBM for the administration of the CE program. The AB-SSD is an ASHA approved CE Provider (CEP). BBM will provide staffing to the CE Administrator in support of their work to manage the Board's CE Program. Karen Schneider will serve as CE Administrator in the office. BBM will coordinate and support the following tasks:

- Conduct all work in accordance with established policies
- Verify and submit ASHA CE Registry forms so they arrive no later than 45 days after completion of a course (requirement 3)
- Maintain a permanent record-keeping system for a minimum of 2 years (requirement 3)
- Ensure privacy and security of participants' records (requirement 3)
- Verify course participants' names and number of ASHA CEUs awarded have been accurately recorded (requirement 3)

Support CE Administrator in their management of requirements 4-11

### IX.A.3.b. Composition and Appointment of the Continuing Education Committee

The Chairperson of the CEC will be a Board member recommended by the Executive Committee and endorsed by the Board. CEC membership will consist of a minimum of two Board members in addition to the Chair. Additional members will be identified among affiliates by the Chair of the Committee and/or the Executive Committee and approved by the Board.

The CEC will recruit from the Board and affiliates, an ad hoc Review Committee for each presentation. Each review committee comprises a minimum of three reviewers. A member of the CEC will be appointed to manage the ASHA application and CEU process.

### IX. A. 3. c Review of CE programs

The CE programs offered on the AB-SSD website are peer-reviewed per ASHA CEB guidelines before they are posted and should also be reviewed on an on-going basis during the period of time they are posted on the site. To accomplish the initial and the on-going peer review, the CE committee invites content experts to serve as reviewers. All peer reviewers receive continuing education credit for their review activities, and are not charged the subscription fee to view the course for review purposes. Since the AB-SSD board membership changes annually as members rotate off the board and new members are elected, fresh reviewer perspectives are available on an ongoing basis. All board members are permitted/encouraged to perform peer review of CEU programs at any time. Each peer reviewer should complete the appropriate peer review feedback forms

### IX.A.4 Public Relations-Membership (PR/Membership) Committee

#### IX.A.4.a. Charge

The purpose of the PR/Membership committee is two-fold:

1. As a PR Committee, it will strive to increase visibility of the BCS-S program for speech-language pathologists, other professionals, the public, and consumers. The PR Committee will inform these groups about the importance and meaning of BCS-S, and it will publicize and market CE programs and other AB-SSD activities. It will develop the tools needed to succeed in these goals (e.g., internet-based technology). It will seek out new and available resources to help achieve the Boards goals.
2. As the Membership Committee, it will work to attract potential AB-SSD affiliates and to retain current affiliates by a variety of activities. It will work closely with the other BCS-AB-SSD committees to promote their activities.

#### IX.A.4.b. Composition and Appointment of the Public Relations-Membership Committee

The PR/Membership Committee comprises a minimum of two members of the BCS-S Board. One member will be the Consumer Member of the Board. The Chair may be an affiliate who is not a member of the Board. If that is the case, then a member of the Board will be appointed as official liaison to the committee. It is the liaison's responsibility to interface between the committee and the board so that the board remains fully informed of the committee's activities, providing approval for specific actions as needed. Additional members will be identified among Board Members and affiliates by the Chair of the Committee and/or the Executive Committee and approved by the Board.

### IX.A.5. The Nominations Committee

#### IX.A.5.a. Charge

Develop standardized procedures for the nomination and election of subsequent AB-SSD members (Section IV.A.3.).

- The nominations committee will review all potential nominations and recommend a maximum of 2 persons per available position on the board. Decisions will be made on the basis of experience and ensuring that the board has representation of the scope of practice in swallowing and swallowing disorders (e.g., different settings and age groups).

#### IX.A.5.b. Composition and Appointment of Nominations Committee

The Nominations Committee shall be a 3-member committee. The Chair of the EC will serve as chair of the nominations committee and appoint two other Board Members to serve on the committee for a term of one year. The Nomination Committee will be established when new board members are needed for the upcoming year. No members of the nominations committee can run for another term on the Board or on the Executive Committee during the time that they are on the nominations committee. If the current Chair of the EC runs for another term on the Board or the EC, the Vice Chair of the EC will assume the role of chair of the Nominations Committee and appoint the 2 other Board Members to the committee.

By April 1<sup>st</sup>, the chair appoints the Nominating Committee. By May 1<sup>st</sup> the announcement is sent to all affiliates seeking nominations. By July 1, the ballot is sent out. By August 1 the results of the election are announced.

#### IX.A. 6 The Mentor Committee

##### IX.A.6.a. Charge.

The Mentor Committee is responsible for developing materials to assist applicants, serving as a resource to applicants, and identifying potential applicants to be mentored.

##### IX.A.6.b. Composition and Appointment of the Mentor Committee.

The Chair of the Mentor Committee may be an affiliate who is not a member of the Board. If that is the case, then a member of the Board will be appointed as official liaison to the committee. It is the liaison's responsibility to interface between the committee and the board so that the board remains fully informed of the committee's activities, providing approval for specific actions as needed. Other members of the Board also serve as mentors. If a member of the Application Committee has served as a mentor, s/he should withdraw herself/himself from the consideration of that applicant. Other affiliates may serve as a mentor after receiving appropriate training provided by the Chair of the Mentor Committee. Since the Mentor Committee is so large, the Chair of the Mentor Committee may appoint a steering committee from the mentors, if needed, with approval of the Board.

#### IX. A. 7 The Communications Committee

##### IX A. 7.a. Charge

The Communications Committee is responsible for communications with affiliates, mentees and potential applicants. Responsibilities include, but are not limited to: a) writing and editing the electronic newsletters for affiliates (E2D), working with Badgerbay, and distributing this electronic

communication at least four times/year; b) editing the electronic newsletter for mentees when supplied by the Mentor committee, working with Badgerbay, and distributing this electronic communication on an as needed basis; c) writing and editing e-blasts to be distributed to ASHA SLPs working in healthcare as approved by ASHA; d) reviewing the content on the web page and updating as needed on a periodic and on-going basis.

#### IX.A.7.b. Composition and Appointment of the Communications Committee

The Chair of the Communications Committee will be a member of the Board. Additional members will be identified among Board Members and affiliates by the Chair of the Committee and/or the Executive Committee and approved by the Board.

#### X. Ad Hoc Committees

The Board may appoint ad hoc committees to address short term or special projects. The chair of an ad hoc committee may be an affiliate who is not a board member. If that is the case, then a member of the Board will be appointed as official liaison to the committee. It is the liaison's responsibility to interface between the committee and the board so that the board remains fully informed of the committee's activities, providing approval for specific actions as needed

### XI. SPECIAL PROGRAMS

#### XI.A. Mentor Program

The goal of the Mentor Program is to provide input and guidance to speech-language pathologists interested in Specialty Certification in Swallowing and Swallowing Disorders. Any affiliate may volunteer to be a mentor. Mentors guide interested and qualified individuals through the application process. Any speech-language pathologist may request assignment of a mentor. Those assigned a mentor are identified as mentees.

##### XI.A.1 General Guidelines

- Participation in the Mentor Program as a mentor or mentee is strictly on a volunteer basis and not required for application or acceptance as a board certified specialist.
- Depending on availability, attempts will be made to align mentors and mentees within similar pathways (e.g. Clinical Pathway vs Academic/Administrative Pathway), populations (e.g. Adults vs Pediatrics) and in similar employment settings.
- When possible, attempts will be made to assign mentor/mentee who are in close geographical approximation.
- Mentors must complete a training program prior to being assigned mentees.
- A member of the Application Committee cannot review an application for a person he/she has mentored.
- A mentor cannot serve as a reference for a mentee if the mentor only knows the applicant through the mentoring process.

##### XI.A. 2 Role of the Mentor

- Know and understand BCS-S application and examination process and have working knowledge of supporting documents on website.
- Walk the applicant through the application process and assist him/her in determining if he/she is ready to apply.
- Identify areas of strengths and weaknesses relative to requirements

- If mentee feels he/she is not ready to apply, mentor can provide suggested timeline for accomplishment of targeted goals. Mentor should review BCS-S 3-5 year Preparation Plan (See website: [www.swallowingdisorders.org](http://www.swallowingdisorders.org) )
- Mentor can review application packet prior to submission. Feedback is provided regarding the accurate and effective communication of requirements. Mentor is not able to provide feedback regarding potential for acceptance or rejection of an application.
- Advising mentee on sources for professional AB-SSD website)
- Discuss length of initial specialty certification and renewal process.
- Actively seek out potential applicants through ongoing professional contact and networking

#### XI.A.3 Program Procedures

- BCS-AB-SSD affiliates will be asked periodically regarding their interest in participating as a mentor in the program.
- BCS-AB-SSD affiliates volunteering as a mentor will be contacted by Chair of Mentor Committee, or designated committee member, to coordinate training.
- Badger Bay Management Company, in coordination with Chair of Mentor Committee, will maintain an ongoing list of current mentors, including city/state location.
- The matching of a mentee with a mentor begins as soon as an interested speech-language pathologist starts the process by requesting a mentor via the website.
- Badger Bay Management Company, in coordination with Chair of Mentor Committee or designated committee member, will match a mentee with a mentor and send email correspondence to the mentor verifying his/her agreement to serve as mentor.
- Once an affiliate agrees to serve as a mentor for a particular individual, email correspondence will be sent to both mentor and mentee to initiate the contact and proceed with the mentoring process.
- Badger Bay Management will maintain a list of assigned mentors and mentees. If a mentor completes the process of mentoring with the mentee prior to completion of the application and examination phase, that mentor should contact Badger Bay Management with that information.

#### XI.B. Corporate Partners Program

The goal of the Corporate Partners Program is to work cooperatively with healthcare organizations to foster the specialty certification process and thereby promote mastery and advanced skills for clinicians providing clinical services and support to patients with swallowing disorders and their families. Healthcare organizations who become Corporate Partners promote BCS-S Specialty Certification through career advancement for their speech-language pathologists who obtain Board Certification in Swallowing and Swallowing Disorders.

##### XI.B.1 Role of AB-SSD for the Corporate Partners Program

- Provide marketing material the corporate partner can use to promote board certification to their speech-language pathologists.
- Provide camera-ready copy of Corporate Sponsor BCS-S logo which the corporate sponsor can use on internal and external communication, website, and on marketing materials.
- Provide a link to Corporate Sponsor website from BCS-S website

- Provide a group discount for BCS-S sponsored web-based continuing education for 6 or more speech-language pathologists who take the same course at the same time.
- Provide mentor(s) for speech/language pathologists in corporate sponsor system who wish to pursue the credential following routine procedures for the Mentor Program.
- Provide a list of BCS-S Speaker's Bureau to the corporate sponsor.
- The Board may provide a discount on application fees to corporations meeting specific criteria regarding number of successful applicants within a specified time frame.
- 

#### XI.B.2 Role of Corporate Sponsor

- Incorporate the BCS-S credential into their career advancement structure either through clinical ladder and/or job descriptions
- Actively promote BCS-S to their speech-language pathology staff
- Identify potential candidates among their staff and provide contact information about these candidates to the AB-SSD
- Display corporate sponsor logo on their website
- Establish a link to BCS-S website on their company's website.

#### XI.C. BCS-S Speakers Bureau

The goal of the BCS-S Speakers Bureau is to promote quality education through collection and communication of speaking topics within the field of swallowing and swallowing disorders. The program serves to promote this skill set amongst individuals who are board certified specialists in this area.

##### XI.C.1 General Guidelines

- Participation in the AB-SSD Speakers Bureau is on a volunteer basis
- Participants are affiliates who self-identify as being available to speak at conferences.
- Arrangements regarding suggested or actual honorariums and expenses are arranged individually with speakers and not coordinated through the AB-SSD Program.
- The BCS-SAB-SSD Speakers Bureau list will be posted on the AB-SSD website for open access, as well as sent to Corporate Sponsors.
- The affiliates listed in the Speaker's Bureau are responsible for maintaining current information, including contact information, topic areas and other submitted notes (e.g. previous speaking history, geographical speaking areas).

## XII. FISCAL RESPONSIBILITY OF THE AB-SSD

### XII.A. Fiscal Year

The fiscal year of the American Board of Swallowing and Swallowing Disorders shall commence on January 1st and end on December 31st.

### XII.B. Projected Expenditures

The American Board of Swallowing and Swallowing Disorders will maintain a viable operational budget that ensures, at a minimum, adequate maintenance of professional processes for accepting, reviewing, maintaining, and renewing applications for specialty certification. At a minimum, the operating budget will maintain the financial resources to:

- *Conduct Meetings.* Conduct meetings, as necessary, including the one required face-to-face meeting annually.
- *Provide and Maintain Application Materials.* Maintain and make readily available, application materials that are professional in appearance and delineate the requirements for specialty certification.

### XIII. APPEALS PROCESS OF BOARD DECISIONS

The American Board of Swallowing and Swallowing Disorders will follow its established procedures to hear appeals from individuals whose specialty certification has been denied or revoked by the AB-SSD. For appeals of AB-SSD required procedures, properly applied decisions, the AB-SSD has an established appeals process utilizing an Appellate Body to hear appeals (Appendix L). The function of the Appellate Body will be to review the record and to determine whether the AB-SSD followed the Specialist Standards, and based its decision on evidence in the record when it made its decision.

#### XIII.A. Guidelines for the Appeals Process

The individual's appeal process will include the following to ensure due process and fairness:

- Timely notice of the hearing;
- Provision of adequate time to investigate the charges and prepare a defense;
- Opportunity to respond to the charges and present evidence on his/her behalf;
- Right to be represented by counsel;
- Opportunity to present witnesses and cross-examine opposing witnesses;
- Provision of written statement of reasons for the disciplinary action taken, based on the evidence presented at the hearing;
- Notice of right to appeal; and
- Freedom from conflicts of interest.

### XIV.. REVOCATION

In order to maintain Board Certification in Swallowing and Swallowing Disorders, the affiliate must maintain ASHA certification in good standing during the period when specialty certification is granted and demonstrate the highest level of professional ethics. Failure to comply will result in revoking specialty certification. The American Board of Swallowing and Swallowing Disorders will notify individuals that their BCS-S is no longer valid. These individuals may no longer use the designation of Board Certified Specialist in Swallowing and Swallowing Disorders (BCS-S).



## **APPENDICES**

## **APPENDIX A**

### **BYLAWS**

#### **AMERICAN BOARD OF SWALLOWING AND SWALLOWING DISORDERS (AB-SSD)**

##### **Article I—Name**

The name of this board is the American Board of Swallowing and Swallowing Disorders, hereinafter referred to as the AB-SSD.

##### **Article II—Organization**

- 2.1. Principal Office and Address. Contact information for principle office of the AB-SSD shall be at :
- Badger Bay Management Company  
563 Carter court, Suite B  
Kimberly WI 54136  
Phone: (920)560-5611  
Fax: (920)882-3655  
Website: [www.swallowingdisorders.org](http://www.swallowingdisorders.org)

- 2.2. Definition of Organization. The AB-SSD has oversight for the specialty certification program in the area of swallowing and swallowing disorders. As defined in the Plan for Specialty Certification the area of Swallowing and Swallowing Disorders is defined as the following:

Clinical management of patients with dysphagia (disordered swallowing) is considered a specialty within speech-language pathology. In this document, dysphagia is defined as difficulty accepting food into the mouth, the inability to reduce food to a consistency ready for swallowing, and difficulty moving food from the mouth to the stomach. Dysphagia can include the oral, oropharyngeal transit, pharyngeal, and esophageal phases of swallowing. Clinical services in dysphagia include evaluation and (re)habilitation of the ability to swallow, resumption or progression toward a normal diet, promotion of optimum nutrition and hydration, and prevention of respiratory and nutritional complications resulting from oropharyngeal swallowing disorders and aspiration.

The professional scope of practice in swallowing and swallowing disorders incorporates a distinct body of knowledge and specific skills within speech-language pathology encompassing clinical evaluation, imaging and instrumentation, and treatment. The evaluation and treatment of individuals with swallowing disorders requires integration of highly specialized knowledge and skills and is not parallel to nor subsumed within the scope of practice of any other area of specialization in the profession of speech-language pathology. The practice incorporates basic information and research in gastroenterology, gerontology, neurology, nutrition, oncology, otolaryngology, pulmonary medicine, pediatrics, developmental pediatrics, pharmacology, radiology, rehabilitation, physical and occupational therapies. Numerous textbooks, graduate and post-graduate courses, workshops, seminars, and educational and clinical materials are devoted solely to swallowing disorders.

### **Article III—Purposes**

The purpose(s) of this AB-SSD shall be to:

- 3.1 Establish, maintain, and periodically update the Standards for Certification as a Specialist in the area of Swallowing and Swallowing Disorders.
- 3.2 Maintain a fair and equitable process by which ASHA certified speech-language pathologists can apply for Certification as a Specialist in the area of Swallowing and Swallowing Disorders.
- 3.3 Encourage scientific study of the processes of individual performance in the area of Swallowing and Swallowing Disorders.
- 3.4 Foster improvement of clinical services and procedures in the area of Swallowing and Swallowing Disorders.
- 3.5 Advocate for the rights and interests of persons with swallowing disorders.
- 3.6 Other activities as deemed appropriate by the Board members, such as certification of meritorious service, provision of continuing education programs, and dissemination of public awareness literature, consistent with the purposes of the Specialty Certification Program and Articles of Incorporation.

### **Article IV—AB-SSD Members**

- 4.1 Duties and Responsibilities. The AB-SSD shall manage, supervise, and control its business, property, and affairs, including establishment of its budget, raising and disbursement of funds, and the adoption of rules and regulations for the conduct of its business consistent with the AB-SSD's purpose(s).
- 4.2 Composition. The AB-SSD must be composed of not fewer than three members, one of whom will be a consumer of services of the particular specialty area (or a family member of such a consumer.)
- 4.3 Selection. The Board will be comprised of twelve (12) affiliates who meet the qualifications for board certification and one (1) consumer (or a family member of such a consumer) of services of swallowing and swallowing disorders. Henceforth, affiliates elected to serve on the Board will be referred to as Board Members. (Section IV of Manual)
- 4.4 Removal and Vacancies. A member of the AB-SSD may be removed from office by a majority vote of other members of the Board. Vacancies, whether by end of term, resignation, death, incapacity, or otherwise, shall be filled by Board appointment for the duration of the term. The Board member appointed to an unexpired term shall be eligible to be elected to serve one full 3-year term when the time remaining in the unexpired term is greater than one (1) year or two full 3-year terms when the remaining time in the unexpired term is less than one (1) year.

4.5 Committees. The AB-SSD shall create and dissolve committees, designate and change their charges, and determine their size, composition, and terms as needed.

4.6 Chair. The Chair shall be selected by a majority vote of the Board and be the presiding member of the AB-SSD. The Chair shall convene the annual meeting and any other meetings of the AB-SSD.

4.7 Other Officers. Other officers of the AB-SSD will be Vice-Chair, Secretary, and Treasurer. The Vice-Chair will assume the duties of the Chair when so designated by the Board. The Vice-Chair shall be selected by the Chair. A Secretary will keep minutes of Board meetings, and a Treasurer will be responsible for fiscal affairs of the Board, including receipt of fees for Specialty Certification in Swallowing and Swallowing Disorders. The Chair may also assign other duties and responsibilities.

## **Article V—Meetings**

5.1 Annual Meeting. The AB-SSD shall meet at least once a year. A quorum shall consist of two-thirds of the members of the AB-SSD.

5.2 Meetings. The AB-SSD shall have one telephone conference monthly. Additional conference calls or meetings may be called at any time by the Chair or a majority of the AB-SSD. 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 hear each other at the same time. Participation in a meeting by such means shall constitute presence in person at the meeting. Meetings shall be accessible to accommodate members with special needs.

5.3 Notice. Notice of the time, date, and place of each meeting shall be given at least 90 days prior thereto by notice by telecommunications and mail to each member of the AB-SSD at his or her address. The purpose or purposes for each meeting will be stated in the notice thereof.

## **Article VI—Administration**

6.1 Reports. The AB-SSD shall submit to ASHA's Council for Clinical Specialty Certification an Annual Report in the specified format.

6.2 Fiscal Year. The fiscal year of the AB-SSD shall commence on January 1st and terminate on December 31st.

6.3 Amendments. These By-Laws may be amended by a two-thirds vote of the BCS-S affiliates at any time after at least 30 days written notice of the proposed amendment to the Board members and holders of Specialty Certification.

6.4 Staff. As needed.

## **Article VII – Dissolution**

The AB-SSD may be dissolved by a unanimous vote of the Board and the majority vote of the holders of Specialty Certification in Swallowing and Swallowing Disorders.

## **APPENDIX B**

### **SPECIALTY CERTIFICATION SCOPE AND STANDARDS**

Scope of Practice and Standards for Certification as a Board Certified Specialist in Swallowing and Swallowing Disorders include:

- Clinical management of patients with dysphagia (disordered swallowing) is considered a specialty within speech-language pathology. In this document, dysphagia is defined as difficulty accepting food into the mouth, the inability to reduce food to a consistency ready for swallowing, and difficulty moving food from the mouth to the stomach. Dysphagia can include the oral, oropharyngeal transit, pharyngeal, and esophageal phases of swallowing. Clinical services in dysphagia include evaluation and (re)habilitation of the ability to swallow, resumption or progression toward a normal diet, promotion of optimal nutrition and hydration, and prevention of respiratory and nutritional complications resulting from oropharyngeal swallowing disorders and aspiration.
- The professional scope of practice in swallowing and swallowing disorders incorporates a distinct body of knowledge and specific skills within speech-language pathology encompassing clinical evaluation, imaging and instrumentation, and treatment. The evaluation and treatment of individuals with swallowing disorders requires integration of highly specialized knowledge and skills and is not parallel to nor subsumed within the scope of practice of any other area of specialization in the profession of speech-language pathology. The practice incorporates basic information and research in gastroenterology, gerontology, neurology, nutrition, oncology, otolaryngology, pulmonary medicine, pediatrics, developmental pediatrics, pharmacology, radiology, rehabilitation, physical and occupational therapies.
- The clinical practice associated with swallowing and swallowing disorders requires a specialized body of knowledge for the evaluation, management, and treatment of individuals with swallowing disorders. The clinical specialist in swallowing and swallowing disorders must possess advanced (post-certification) expertise to apply this knowledge in the evaluation and management of patients with conditions associated with dysphagia, including neurologic, structural, systemic, iatrogenic, congenital, genetic, psychological, surgical, or traumatic etiologies.
- The specialty area of swallowing and swallowing disorders affects a definable population of consumers whose needs require a distinct body of knowledge, skills, and experience. The population served by speech-language pathologists in the area of dysphagia encompasses individuals in all age categories from birth to senescence with a wide variety of conditions. Dysphagia is a common cause of morbidity and mortality in skilled nursing facilities and acute care. It is commonly found in individuals with stroke, brainstem or cortical tumors, Parkinson's disease, Amyotrophic Lateral Sclerosis, post polio syndrome, and head and neck cancer to name but a few of the specific causes. Children with histories of prematurity, cerebral palsy, brain tumors, respiratory conditions, failure to thrive, and a wide variety of developmental conditions can have dysphagia. The consumers of our specialized services include not only clients/patients, but also referring physicians, family members, caregivers, administrators and managers of health care agencies, other health care providers, public school teachers and administrators, nurses, and nutritionists.

- The specialty area has mechanisms for acquisition of the required knowledge, skills, and experience. A graduate core curriculum was developed to provide educational guidelines for entry-level workplace competencies in swallowing management. In addition, speech-language pathologists must be knowledgeable in the use of non-instrumental and instrumental diagnostic techniques. Numerous textbooks, graduate and post-graduate courses, workshops, seminars, and educational and clinical materials devoted solely to swallowing disorders are available in order to achieve advanced competency in this specialty area of practice. Over the years, ASHA has sponsored increasing numbers of continuing education unit (CEU) activities devoted to management of swallowing disorders. The BCS-S program has developed CE activities that are listed on the website ( [www.swallowingdisorders.org](http://www.swallowingdisorders.org) )

## APPENDIX C

### AB-SSD Relationship with ASHA and Responsibilities of the CFCC Advocate to BCS-S

ASHA's CFCC developed the "Guidelines for Specialty Commissions" in 1997. To maintain its certification by the ASHA as an approved AB-SSD, the policies and procedures described in the BCS-S Manual are consistent with those described in the ASHA's CFCC "Appendix IV – Standards for Certification as a Specialty Area".

#### **Responsibilities of CFCC Advocate to AB-SSD are to:**

- *Facilitate communication from the AB-SSD to the CFCC.* Any formal communications from the AB-SSD will be in writing and forwarded to the chair of the CFCC for review and subsequent distribution to the CFCC members pending need for clarification or the need for additional information. The chair of the CFCC will be promptly informed by the Advocate of all other significant voice, electronic or written communication by the AB-SSD.
- *Facilitate Communications from the CFCC to the AB-SSD.* In this role the Advocate will be thoroughly familiar with the policies and procedures of the CFCC and be prepared to make recommendations as appropriate to the AB-SSD.
- *Maintain quarterly contact with the AB-SSD.* Each contact will be documented as to type of contact, with whom, purpose, results, and any actions taken or recommendations made. The Advocate will acknowledge receipt of any materials from the AB-SSD within 14 days.
- *Act as a Resource.* The Advocate will be invited to assist in revisions to the American Board of Swallowing and Swallowing Disorders Manual prior to submission to the CFCC for review and approval.
- *Participate in AB-SSD Meetings.* The Advocate will be invited to participate in any or all board meetings.
- *Provide a preliminary review of the AB-SSD's Annual Report.* The Advocate will review the AB-SSD's Annual Report and provide feedback to the AB-SSD on its preparation prior to submission to the CFCC.

**APPENDIX D**

**CHECKLIST AND  
INITIAL APPLICATION FORM  
FOR BCS-S**



BOARD CERTIFIED SPECIALIST IN SWALLOWING AND  
SWALLOWING DISORDERS (BCS-S)

**AFFILIATE APPLICATION CHECK LIST**

**EACH APPLICATION PACKET MUST INCLUDE:**

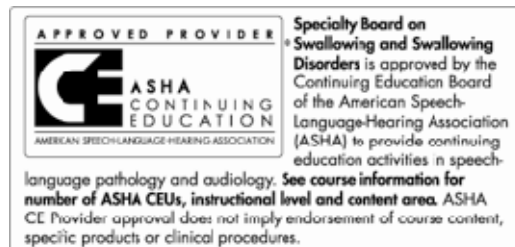
- Completed Application form (see attached Application form)

The following attachments should be included with the application

- Photocopy of current ASHA Membership (Attachment)

- Curriculum vitae, including documentation of **minimum of 3 years post-certification clinical experience** in swallowing and swallowing disorders. Specify how and where this experience was obtained with the pediatric and/or adult populations.

- Proof of attendance and completion of 7.5 continuing education units (75 hours) in swallowing and swallowing disorders in the past three years (see attached Application form for details on proof requirements). **At least 4.5 of the 7.5 CE must be continuing education credits obtained from ASHA CEB approved providers.** These ASHA CEB approved providers are indicated by the continuing education provider's display of their ASHA CEB approved logo in the program advertisements and materials. For example, here is the American Board of Swallowing and Swallowing Disorders CEB logo:



- Non-refundable application fee of \$75.00 made payable to American Board of Swallowing and Swallowing Disorders

We do accept Visa, Mastercard and Discover.

***Please refer to FAQ Information Sheet on website for specific information regarding various submission requirements. Some examples are provided in appendices to this document.***

BOARD CERTIFIED SPECIALIST IN SWALLOWING AND  
SWALLOWING DISORDERS (BCS-S)

**AFFILIATE APPLICATION FORM**

**Name:** \_\_\_\_\_

**1. DEMOGRAPHIC INFORMATION:** Please complete all sections of the application. Attach a separate sheet, if additional documentation is necessary. Identify name of applicant on all submitted sheets. Application information should be clear and concise.

Application Date: \_\_\_\_\_

INDICATE TRACK:      CLINICAL \_\_\_\_\_      ADMINISTRATIVE/ACADEMIC \_\_\_\_\_

Name: \_\_\_\_\_      Professional Title: \_\_\_\_\_

Home Address: \_\_\_\_\_      Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Facility (if applicable): \_\_\_\_\_

Facility Address: (if more than one facility, please list on a separate page:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_      Work Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

I work for a AB-SSD Corporate Sponsor \_\_ Yes \_\_ No If yes, name of corporation: \_\_\_\_\_

Type of setting(Check all that apply):     Acute Care;     Hospital     OP;     NICU;     Pediatric Clinic;  
 Private Practice;     Rehab facility;  School;  SNF;  University Clinic

Office hours for OP if applicable: \_\_\_\_\_      Web site: \_\_\_\_\_

Type of Clients Seen:     Adult                       Pediatric                       Both

Adult specialties (mark all the apply):  Any     Dementia     H&N CA     Neurogenic     Tracheostomy     Stroke

Pediatric Specialties (mark all that apply)  Any     Neonates     Infants     Children > age 2  
 Devel Delays & Cerebral Palsy

Degree: \_\_\_\_\_      Year Granted: \_\_\_\_\_      Granting Institution: \_\_\_\_\_

Degree: \_\_\_\_\_      Year Granted: \_\_\_\_\_      Granting Institution: \_\_\_\_\_

Degree: \_\_\_\_\_      Year Granted: \_\_\_\_\_      Granting Institution: \_\_\_\_\_

ASHA MEMBER #: \_\_\_\_\_      CCC ISSUED (MO/YR): \_\_\_\_\_

List below contact names/addresses for all employers within the past three years. Attach a separate sheet, if necessary.

Contact Name & Title (for employment verification): \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Hours Applicant Works/Week: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Contact Name & Title (for employment verification): \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Hours Applicant Works/Week: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**MEMBER APPLICATION FORM**

**Name:** \_\_\_\_\_

**2. CONTINUING EDUCATION DOCUMENTATION (See example in Appendix A)**

Document below continuing education courses attended in the areas of swallowing and swallowing disorders within the **three years** immediately preceding date of this application. Applicants are required to document a minimum of **7.5 CEUs (75 hours) (A minimum of 4.5 CEUs must be from ASHA approved providers)**. If you attended a program with multiple sessions and mixed offerings (some related to swallowing and some not), please list only the numerical portion of the CEUs that relate to dysphagia on this form. Proof of attendance for each conference &/or ASHA CEU transcript should be attached to the application packet. **(10 contact hours=1 CEU). Please list these as CEUs. Do Not list hours.**

Please indicate the level of each course (Intermediate (IM), Advanced (A)). If a course is indirectly related to dysphagia and does not give a specific level, list areas covered as Other Related (OR) and do not check a level. For programs described as "other", please include a program or syllabus and mark the sections for which you are claiming CEUs. The Board expects the hours to be intermediate or advanced. Please indicate which of the following area(s) the CE addressed:

- Anatomy/Physiology of Swallowing (A/P)
- Evaluation of swallowing and swallowing disorders (E)
- Treatment of swallowing and swallowing disorders (T)
- Other related (describe how related to dysphagia) (OR)

It is the applicant's responsibility to determine which category/categories best describe how the course related to dysphagia. If it addressed multiple areas, please estimate how many CE were devoted to each (e.g. a 2.0 CEU course might have 1.0 E and 1.0 T).

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates:

Total CEUs for Activity

Areas Covered:     A/P     E     T     OR    Level:     IM     A

# of CEU's                    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Conference Name:

Presenter(s):

Sponsoring Organization:

Location:

Dates:

Total CEUs for Activity

Areas Covered:     A/P     E     T     OR    Level:     IM     A

# of CEU's \_\_\_\_\_

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates: Total CEUs for Activity

Areas Covered:  A/P  E  T  OR Level:  IM  A

# of CEU's \_\_\_\_\_

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates: Total CEUs for Activity

Areas Covered:  A/P  E  T  OR Level:  IM  A

# of CEU's \_\_\_\_\_

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates: Total CEUs for Activity

Areas Covered:  A/P  E  T  OR Level:  IM  A

# of CEU's \_\_\_\_\_

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates: Total CEUs for Activity

Areas Covered:  A/P  E  T  OR Level:  IM  A

# of CEU's \_\_\_\_\_

\*Add another sheet as necessary.

**Total # CEUs Listed (All must relate to swallowing or swallowing disorders).**

**Do not list in hours. List in CEUs: Total: \_\_\_\_\_**

**MEMBERSHIP APPLICATION**  
**DOCUMENTATION OF CLINICAL HOURS**

**Name:** \_\_\_\_\_

**3. DOCUMENTATION OF CLINICAL HOURS (See example in Appendix B)**

Applicants must list nature(pediatric or adult) and source(facility) of clinical hours required. For Clinical Track - 350 hours per year for 3 years prior to application. For Administrative/Academic Track – 100 hours per year for 3 years prior to date of application and 450 hours in the four years before applying(Additionally clinical research in normal or disordered swallowing with direct contact with human subjects can be documented). Eligible hours include any type of billed dysphagia services, including evaluation, treatment and counseling. It is not necessary to attach bills, time sheets, or service logs to this chart.

**P=Pediatric and A=Adult**

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:		Dates:		
Approximate hours per week of:				
Evaluation:	Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

\*Add another sheet as necessary.

Total Number of Clinical Hours in each year: \_\_\_\_\_

**MEMBER APPLICATION FORM**

Name: \_\_\_\_\_

**4. Give a description of patient population (diagnosis and treatment setting) for each facility listed in the Clinical Hours Table.**

Example: General Hospital: evaluation and treatment of acute medical/surgical inpatients as well as outpatients referred from local skilled nursing facilities. Diagnoses included: CVA, traumatic brain injury, oral/pharyngeal cancer, neurological conditions. Assessments included bedside/clinical evaluations, MBS/VFS studies, and FEES.

Lincoln Hospital: bedside/clinical and MBS/VFS evaluations to adult patients on rehabilitation unit and neonates and infants in NICU. Adult diagnoses included: CVA, degenerative neurological diseases, pulmonary/respiratory compromise. Infant diagnoses included: failure to thrive, bronchopulmonary dysplasia, prematurity.

## MEMBER APPLICATION FORM

Name: \_\_\_\_\_

### **5. RELATED PROFESSIONAL ACTIVITIES DOCUMENTATION (See examples in Appendix C)**

Briefly list evidence of professional activities related to swallowing and swallowing disorders as demonstrated by documentation of professional activities over the **last 3 years**. If applicant demonstrated significant career accomplishments prior to three years (e.g. established swallowing program at a facility; published article), this information may be included after the recent accomplishments. Please indicate this information as "Career Milestones" and include dates of these accomplishments.

***Note the different requirements for each track:***

- a. Applicants in the Clinical Track must evidence related professional activities by satisfying at least a minimum of two types of activities. These activities may be within one category *or* one activity in two different categories (See examples in Appendix C).
- b. Applicants in the Administrative/Academic Track must evidence related professional activities in at least two types of activities in the Education/Mentorship and/or Scholarship/Research categories. Leadership activities may be listed in addition.

**Education/Mentorship:**

**Leadership:**



**MEMBER APPLICATION FORM**

Name: \_\_\_\_\_

**Scholarship/Research:**

## **MEMBER APPLICATION FORM**

**Name:** \_\_\_\_\_

**6. BIOGRAPHICAL SUMMARY (200 word maximum).** CV must be attached in addition to the biographical summary.

## MEMBER APPLICATION FORM

### **7. Letters of Recommendation and Rating Forms**

Provide the names, addresses and email addresses for at least three individuals who will provide letters of recommendation. The Board will contact those individuals directly and provide an electronic copy of a rating form and directions for writing a letter of recommendation. The letters of recommendation and the rating forms will be submitted by the writer directly to the Board.

**Reference #1:**

Name and Title:

Mailing Address:

Email Address:

**Reference #2:**

Name and Title:

Mailing Address:

Email Address:

**Reference #3:**

Name and Title:

Mailing Address:

Email Address:

**Optional Additional References:**

**Please indicate if you waive the right to see these letters of recommendation and rating forms. Your preference will be indicated to each writer.**

- I waive my right to see the letters of recommendation and rating forms.
- I do not waive my right to see the letters and rating forms and I understand that I can contact the AB-SSD Office after this application has been reviewed to obtain copies of these letters and rating forms.

The letters of recommendation, which will be sent directly to the Board, should include the electronic reference rating form and a current reference letter on professional letterhead that attests to the applicant’s advanced competency. One letter must verify that applicant has provided a minimum of **350 hours per year** (for Clinical Track) of evaluation and /or treatment of swallowing disorders or **100 hours per year** (for Administrative/Academic Track) of evaluation and/or treatment of swallowing disorders and/or research on human subjects with normal or abnormal swallowing. These hours must have been completed **within a year for each of 3 years** prior to applying for membership. (See FAQ Information Sheet on website for additional specifications).

- Submit non-refundable **\$75.00** application fee, payable to “American Board of Swallowing and Swallowing Disorders”. (\$300 examination fee to be submitted upon scheduling of written examination)
- Send 1 (one) copy of your complete application packet to:

**American Board of Swallowing and Swallowing Disorders**  
**563 Carter Court, Suite B**  
**Kimberly WI 54136**  
**Fax 920-882-3655 / Office phone 920-560-5611**  
[info@swallowingdisorders.org](mailto:info@swallowingdisorders.org)

**8. ADVERSE EXPERIENCES**

	<b>Yes</b>	<b>No</b>
Have you ever had your professional license to practice suspended, revoked or subjected to reprimand?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily surrendered your professional license to practice under any circumstances other than expiration?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to disciplinary action by a hospital, State Medical Board, ASHA, or other medical professional organization?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand that the American Board of Swallowing and Swallowing Disorders, its authorized staff, and their representatives may validate my professional credentials by consulting with the American Speech-Language Hearing Association and/or State Licensing Board or other nationally Certified bodies that maintain automated data files on clinical care professionals.

I certify that the statements/documentation that I have made/provided in this application packet are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that an incorrect or incomplete statement could void continued processing of my application.

---

Signature of Applicant

Date

*You will receive an email confirmation that your packet has been received by the office. The Applications Committee has up to three months to consider an application. Depending on the number of applications being processed, you may hear from the committee by email sooner than that with their decision.*

## APPENDIX A

### 2. CONTINUING EDUCATION DOCUMENTATION

Conference Name: Dysphagia Interdisciplinary Imaginary Annual Meeting

Presenter(s): Various

Sponsoring Organization: Dysphagia Association of America

Location: Chicago

Dates: 03-08 thru 03-10 2012 Total CEUs for Activity 21

Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's .8 .95 .35

Conference Name: Pharyngeal Dysphagia Treatment: What's the Evidence

Presenter(s): S. Peach Path, CCC-SLP, BCS-S

Sponsoring Organization: Happy Hollow Hospital

Location: Newburg, IN

Dates: 01-21-12 Total CEUs for Activity .6

Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's .1 .5

Conference Name: Esophageal Disorders

Presenter(s): Caryn Easterling, Ph.D. CCC-SLP, BCS-S Barbara Messing,

Sponsoring Organization: AB-SSD Swallowing & Swallowing Disorders

Location: On-line

Dates: 11-01-11 Total CEUs for Activity .2

Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's .15 .5

Conference Name: Oral Care and Aspiration Pneumonia

Presenter(s): Various (Coyle, Marik, Goldsmith, etc)

Sponsoring Organization: AB-SSD Swallowing & Swallowing Disorders

Location: On-line

Dates: 05-06-12 Total CEUs for Activity .2

Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's .2

**This is just an example**

**TOTAL # CEUs LISTED (ALL MUST RELATE TO SWALLOWING OR SWALLOWING DISORDERS). Do not list in hours. List in CEUs: \_\_\_\_\_**

## APPENDIX B

### 3. DOCUMENTATION OF CLINICAL HOURS

**P=Pediatric and A=Adult**

Facility: Happy Hollow Hospital                      Dates: 07-01-11 to present  
 Approximate hours per week of:  
 Evaluation: 18      Treatment: 10      Counseling: 5      Caseload:  P  A

Facility: Merry Mountain Long Term Care                      Dates: 05-01-10 to 07-01-11  
 Approximate hours per week of:  
 Evaluation: 7      Treatment: 8      Counseling: 4      Caseload:  P  A

Facility: Tiny Toddlers Early Intervention                      Dates: 04-07-09 to 05-01-10  
 Approximate hours per week of:  
 Evaluation: 10      Treatment: 8      Counseling: 3      Caseload:  P  A

**Total Number of Clinical Hours in each year:    1650                      855                      1155**

## APPENDIX C

### EXAMPLES OF RELATED PROFESSIONAL SKILLS

#### **Education/Mentorship.**

- Presented a paper or poster at the state association, perhaps in partnership with another speech-language pathologist. This might be a report on a quality improvement initiative, description of specialized dysphagia program you offer, etc.
- Served as supervisor for multiple clinicians/students in swallowing and swallowing disorders over last 3+ years. Details regarding number of clinicians supervised and level of supervision/training provided must be included.
- Started or regularly participated in journal group and made evidence-based presentations to the group.
- Developed content and taught related professionals within your facility about swallowing and swallowing disorders(e.g. Grand Rounds, nursing orientation)
- Taught a community based group (e.g. normal elderly on effects of aging; disease-specific support groups)
- Provided guest lectures in graduate course at local university.
- Taught graduate course on swallowing and swallowing disorders in ASHA CAA accredited university program in the past 3 years. The course syllabus should be attached.
- Educational presentations at major regional, state, national, or international conferences and/or post graduate workshops on swallowing and/or swallowing disorders. These lectures must have been presented to an audience that extended beyond the applicant's institution. Title of presentation, date, participant objectives, and audience should be delineated.
- Developed facility-specific patient or staff educational materials. Attach copy of the materials.

- Developed and published clinical educational programs and/or materials on swallowing and swallowing disorders that are disseminated outside of the institution/program in which the applicant works. The product can be in the form of electronic media or hard copy. Copy of the program or material should be attached.
- Serve as primary advisor to a master's or doctoral student to guide their research for a thesis or dissertation

*Leadership.*

- Served on various interdisciplinary committees at place of employment.
- Chaired a committee within your organization. Describe the scope of the project and your leadership role.
- Held leadership positions in ASHA or other professional organizations whose mission includes a focus on swallowing and swallowing disorders (Chair of committee, officer, etc). Give specifics.
- Participated in development of ASHA or state association position papers or guidelines on swallowing and swallowing disorders. Give specifics. Attach document if complete. - Served on major committees of regional, state, or national organizations dealing with swallowing and swallowing disorders. Describe the work of the committee.
- Serves in official supervisory position(s) at hospital, rehabilitation, education, or university programs in swallowing and swallowing disorders with responsibilities for training and supervision of staff clinicians providing dysphagia services. This could be supervisor, director, lead clinician, etc. Describe these services.
- Developed a formal swallowing program within the institution with involvement of multiple disciplines. Responsible for ongoing monitoring and quality improvement program within the institution for swallowing program. Describe the program in detail and include protocol.



- Developed a new function/role of the dysphagia program at the institution (e.g. added an instrumental format; oral care program).

*Scholarship/Research.*

- a. Published at least one peer-reviewed research article with the applicant as primary or secondary author of this article. Attach the article.
- b. Published a chapter directly related to normal swallowing or swallowing disorders in a peer reviewed textbook. Give specific reference or attach chapter.
- c. Presented a peer reviewed research paper or poster at a scientific meeting.
- d. Actively participated in research activities in normal swallowing and/or swallowing disorders involving some form of direct patient contact such as conducting a survey or applying research methods under study (diagnostic tools or treatments). State the specific research questions of the project, the results, and publications or presentations emanating from it - or if still underway, state the progress to date, the anticipated completion of the project, and plans for publication.

**APPENDIX E****FEE SCHEDULE<sup>1</sup>**

## Members

Application Fee	\$ 75.00
Examination & Processing Fee	\$ 300.00

Renewal Fees	\$150.00
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Continuing Education	Fee Schedule listed on website ( <a href="http://www.swallowingdisorders.org">www.swallowingdisorders.org</a> )
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<sup>1</sup> The fee schedule is updated annually.

## APPENDIX F

### BCS-S Proctor Approval Form

The Examination Committee will approve the choice of proctor within 10-15 days of the request. The proctor must be a current member in good-standing of ASHA or one of the groups identified in the Multilateral Mutual Certification Agreement with ASHA. The proctor should not have a close relationship to the examinee (i.e., employer, employee, co-worker, relative, or friend) or have worked in the same facility within the past 3 years. After the Examination Committee approves the proctor, the proctor will receive the password enabling the candidate to take the examination. The candidate must take the examination within 3 months following the notification of acceptance of application for BCS-S candidacy. Please note – the examination must be scheduled during regular business hours (Monday – Friday, 8:00am – 4:30pm, CST).

Please return this form and \$300 examination fee to the AB-SSD Administrative Office at the following address:  
563 Carter Court, Suite B  
Kimberly, WI 54136

**Name of examination candidate:** \_\_\_\_\_

- ASHA membership number: \_\_\_\_\_  
 Membership in professional organization in \_\_\_\_\_ (country), membership number: \_\_\_\_\_

Email:

**Case study will be based on preferred focus of practice (please check one):**  Adult  Pediatric

**Please check (✓) preferred location for contact.**  Work  Home

**Please enter work information below even if your home is the preferred location for contact.**

Work Name:

Address:

Telephone Number:

Home address:

**Name of proctor:**

ASHA member number:

Proctor Relationship to Exam Candidate:

Proctor work site:

Address of proctor:

Telephone number:

Email:

Proposed location for examination:

Proposed examination date and time (Monday - Friday, 8:30am - 4:30pm, CST):

*Please note, this is a request for a proposed date/time only and that your request may not be available. Once your proctor and examination date and time are officially registered an email confirmation will be sent to you. Examination instructions and sign in information will be sent to your proctor within 7 days of the examination date. Please contact the BRS Office (920-560-5625) if you have any questions. Thank you.*

***In order to make the BCS-S examination fair for all applicants, I agree not to divulge examination questions and/or answers to anyone.***

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**APPENDIX G**

**CHECKLIST AND RENEWAL APPLICATION FORM  
FOR BCS-S**

## APPENDIX H

### BOARD CERTIFIED SPECIALIST IN SWALLOWING AND SWALLOWING DISORDERS (BCS-S)

#### AFFILIATE RENEWAL APPLICATION CHECK LIST

#### EACH APPLICATION PACKET MUST INCLUDE:

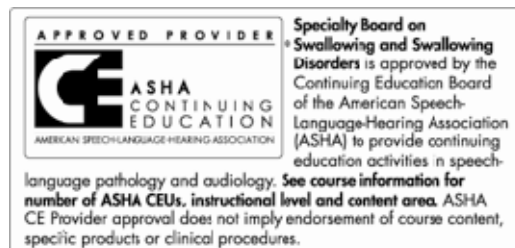
- Completed Application form (see attached Application form)

The following attachments should be included with the application:

- Photocopy of current ASHA Membership (Attachment)

- Curriculum vitae, including an outline of how you continue to demonstrate education/mentorship, leadership, and/or scholarship/research skills in the last 5 years in swallowing and swallowing disorders. Specify how and where this experience was obtained with the pediatric and/or adult populations.

- \*Proof of attendance and completion of 12.5 continuing education units (125 hours) in swallowing and swallowing disorders in the past five years (see attached Application form for details on proof requirements). **At least 7.5 of the 12.5 CE must be continuing education credits obtained from ASHA CEB approved providers.** These ASHA CEB approved providers are indicated by the continuing education provider's display of their ASHA CEB approved logo in the program advertisements and materials. For example, here is the American Board of Swallowing and Swallowing Disorders approved provider logo:



- Renewal fee of \$150.00 made payable to AB-SSD  
We do accept Visa, Mastercard and Discover.

\*In August 2012, the Board clarified the number of CEUs that should be obtained over the course of the 5 year period that the affiliate held the certification. To mirror the 7.5 required of new applicants over three years, the Board changed the number of CEUs required of the affiliate during their five-year period. The Board also approved a phase-in plan to roll out these new requirements so that affiliates who had already completed part of their five-year affiliation would not be subject to new regulations not in effect when they received their affiliation. The phase-in plan is posted on the website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)). Please review to determine your specific requirement.

**Please refer to FAQ Information Sheet on website for specific information regarding various submission requirements. Some examples are provided in appendices to this document.**

BOARD CERTIFIED SPECIALIST IN SWALLOWING AND  
SWALLOWING DISORDERS (BCS-S)

**AFFILIATE RENEWAL APPLICATION FORM**

**Name:** \_\_\_\_\_

**1. DEMOGRAPHIC INFORMATION:** Please complete all sections of the application. Attach a separate sheet, if additional documentation is necessary. Identify name of applicant on all submitted sheets. Application information should be clear and concise.

Application Date: _____		
INDICATE TRACK:	CLINICAL _____	ADMINISTRATIVE/ACADEMIC _____
Name:	_____	Professional Title: _____
Home Address:	_____	Home Phone: _____
Home Email: _____		
Facility (if applicable): _____		
Facility Address: (if more than one facility, please list on a separate page: _____ _____		
City:	State:	Zip:
Work Phone:	_____	Work Fax: _____
Work Email: _____		
I work for a AB-SSD Corporate Sponsor __ Yes __ No If yes, name of corporation: _____		
Type of setting(Check all that apply): <input type="checkbox"/> Acute Care; <input type="checkbox"/> Hospital <input type="checkbox"/> OP; <input type="checkbox"/> NICU; <input type="checkbox"/> Pediatric Clinic; <input type="checkbox"/> Private Practice; <input type="checkbox"/> Rehab facility; <input type="checkbox"/> School; <input type="checkbox"/> SNF; <input type="checkbox"/> University Clinic		
Office hours for OP if applicable: _____		Web site: _____
Type of Clients Seen:	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric <input type="checkbox"/> Both
Adult specialties (mark all the apply):	<input type="checkbox"/> Any <input type="checkbox"/> Dementia <input type="checkbox"/> H&N CA <input type="checkbox"/> Neurogenic <input type="checkbox"/> Tracheostomy <input type="checkbox"/>	
Stroke		
Pediatric Specialties (mark all that apply)	<input type="checkbox"/> Any <input type="checkbox"/> Neonates <input type="checkbox"/> Infants <input type="checkbox"/> Children > age 2	
<input type="checkbox"/> Devel Delays & Cerebral Palsy		

Degree: \_\_\_\_\_ Year Granted: \_\_\_\_\_ Granting Institution: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year Granted: \_\_\_\_\_ Granting Institution: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year Granted: \_\_\_\_\_ Granting Institution: \_\_\_\_\_

ASHA MEMBER #:

CCC ISSUED (MO/YR):

List below contact names/addresses for all employers within the past three years. Attach a separate sheet, if necessary.

Contact Name & Title (for employment verification): \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Hours Applicant Works/Week: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Contact Name & Title (for employment verification): \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Hours Applicant Works/Week: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_



**AFFILIATE RENEWAL APPLICATION FORM**

**Name:** \_\_\_\_\_

**2. CONTINUING EDUCATION DOCUMENTATION (See example in Appendix A)**

Document below continuing education courses attended in the areas of swallowing and swallowing disorders within the **five years** immediately preceding date of this application. Applicants are required to document a minimum of **12.5 CEUs (125 hours) (A minimum of 7 CEUs must be from ASHA approved providers)**. Some CE must be obtained during each year of affiliation. If you attended a program with multiple sessions and mixed offerings (some related to swallowing and some not), please list only the numerical portion of the CEUs that relate to dysphagia on this form. Proof of attendance for each conference &/or ASHA CEU transcript should be attached to the application packet. **(10 contact hours=1 CEU). Please list these as CEUs. Do Not list hours.**

Please indicate the level of each course (Intermediate (IM), Advanced (A)). If a course is indirectly related to dysphagia and does not give a specific level, list areas covered as Other Related (OR) and do not check a level. For programs described as "other", please include a program or syllabus and mark the sections for which you are claiming CEUs. The Board expects the hours to be intermediate or advanced. Please indicate which of the following area(s) the CE addressed:

- Anatomy/Physiology of Swallowing (A/P)
- Evaluation of swallowing and swallowing disorders (E)
- Treatment of swallowing and swallowing disorders (T)
- Other related (describe how related to dysphagia) (OR)

It is the applicant's responsibility to determine which category/categories best describe how the course related to dysphagia. If it addressed multiple areas, please estimate how many CE were devoted to each (e.g. a 2.0 CEU course might have 1.0 E and 1.0 T).

Conference Name:

Sponsoring Organization:

Presenter(s):

Location:

Dates:

Total CEUs for Activity

Areas Covered:     A/P     E     T     OR    Level:     IM     A

# of CEU's        \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Conference Name:

Presenter(s):

Sponsoring Organization:

Location:

Dates:

Total CEUs for Activity

Areas Covered:     A/P     E     T     OR    Level:     IM     A

# of CEU's        \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Conference Name:  
 Sponsoring Organization:  
 Presenter(s):  
 Location:  
 Dates: Total CEUs for Activity  
 Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's \_\_\_\_\_

Conference Name:  
 Sponsoring Organization:  
 Presenter(s):  
 Location:  
 Dates: Total CEUs for Activity  
 Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's \_\_\_\_\_

Conference Name:  
 Sponsoring Organization:  
 Presenter(s):  
 Location:  
 Dates: Total CEUs for Activity  
 Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's \_\_\_\_\_

Conference Name:  
 Sponsoring Organization:  
 Presenter(s):  
 Location:  
 Dates: Total CEUs for Activity  
 Areas Covered:  A/P  E  T  OR Level:  IM  A  
 # of CEU's \_\_\_\_\_

\*Add another sheet as necessary.

**Total # CEUs Listed (All must relate to swallowing or swallowing disorders).**  
**Do not list in hours. List in CEUs: Total: \_\_\_\_\_**

**AFFILIATE RENEWAL APPLICATION**  
**DOCUMENTATION OF CLINICAL HOURS**

Name: \_\_\_\_\_

**3. DOCUMENTATION OF CLINICAL HOURS (See example in Appendix B)**

\*Applicants must list nature (pediatric or adult) and source(facility) of clinical hours required. For Clinical Track - 350 hours per year for each of the five years prior to renewal. For Administrative/Academic Track – 100 hours per year for each of the five years prior to date of renewal (additionally clinical research in normal or disordered swallowing with direct contact with human subjects can be documented). Eligible hours include any type of billed dysphagia services, including evaluation, treatment and counseling. It is not necessary to attach bills, time sheets, or service logs to this chart. *Note:* \*In July 2012, the Board clarified that the number of contact hours should be obtained in each of the 5 years that the affiliate held the certification. The Board also approved a phase-in plan to roll out these new requirements so that affiliates who had already completed part of their five-year affiliation would not be subject to new regulations not in effect when they received their affiliation. Please review the phase-in plan posted on the website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) to determine your specific requirement.

**P=Pediatric and A=Adult**

Facility:	Dates:		
Approximate hours per week of:			
Evaluation:            Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:	Dates:		
Approximate hours per week of:			
Evaluation:            Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:	Dates:		
Approximate hours per week of:			
Evaluation:            Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:	Dates:		
Approximate hours per week of:			
Evaluation:            Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility:	Dates:		
Approximate hours per week of:			
Evaluation:            Treatment:	Counseling:	Caseload:	<input type="checkbox"/> P <input type="checkbox"/> A

Facility: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Approximate hours per week of: \_\_\_\_\_  
 Evaluation: \_\_\_\_\_ Treatment: \_\_\_\_\_ Counseling: \_\_\_\_\_ Caseload:  P  A

\*Add another sheet as necessary.

**Total Number of Clinical Hours in each year of the previous five years:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Give a description of patient population (diagnosis and treatment setting) for each facility listed in the Clinical Hours Table.**

Example:General Hospital: evaluation and treatment of acute medical/surgical inpatients as well as outpatients referred from local skilled nursing facilities. Diagnoses included: CVA, traumatic brain injury, oral/pharyngeal cancer, neurological conditions. Assessments included bedside/clinical evaluations, MBS/VFS studies, and FEES.

Lincoln Hospital: bedside/clinical and MBS/VFS evaluations to adult patients on rehabilitation unit and neonates and infants in NICU. Adult diagnoses included: CVA, degenerative neurological diseases, pulmonary/respiratory compromise. Infant diagnoses included: failure to thrive, bronchopulmonary dysplasia, prematurity.

## MEMBER APPLICATION FORM

Name: \_\_\_\_\_

### **5. RELATED PROFESSIONAL ACTIVITIES DOCUMENTATION (See examples in Appendix C)**

Briefly list evidence of professional activities related to swallowing and swallowing disorders as demonstrated by documentation of professional activities over the **last 3 years**. If applicant demonstrated significant career accomplishments prior to three years (e.g. established swallowing program at a facility; published article), this information may be included after the recent accomplishments. Please indicate this information as “Career Milestones” and include dates of these accomplishments.

***Note the different requirements for each track:***

- a. Applicants in the Clinical Track must evidence related professional activities by satisfying at least a minimum of two types of activities. These activities may be within one category *or* one activity in two different categories (See examples in Appendix C).
- b. Applicants in the Administrative/Academic Track must evidence related professional activities in at least two types of activities in the Education/Mentorship and/or Scholarship/Research categories. Leadership activities may be listed in addition.

**Education/Mentorship:**

**AFFILIATE RENEWAL APPLICATION FORM**

**Name:** \_\_\_\_\_

**Leadership:**

**Scholarship/Research:**

- Submit non-refundable **\$150.00** renewal fee, payable to “American Board of Swallowing and Swallowing Disorders”.
- Send 1 (one) copy of your complete renewal application packet to:

**American Board of Swallowing and Swallowing Disorders**  
**563 Carter Court, Suite B**  
**Kimberly WI 54136**  
 Fax 920-882-3655 / Office phone 920-560-5611  
[info@swallowingdisorders.org](mailto:info@swallowingdisorders.org)

**8. ADVERSE EXPERIENCES**

	Yes	No
Have you ever had your professional license to practice suspended, revoked or subjected to reprimand?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever voluntarily surrendered your professional license to practice under any circumstances other than expiration?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to disciplinary action by a hospital, State Medical Board, ASHA, or other medical professional organization?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand that the American Board of Swallowing and Swallowing Disorders, its authorized staff, and their representatives may validate my professional credentials by consulting with the American Speech-Language Hearing Association and/or State Licensing Board or other nationally Certified bodies that maintain automated data files on clinical care professionals.

I certify that the statements/documentation that I have made/provided in this application packet are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that an incorrect or incomplete statement could void continued processing of my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*You will receive an email confirmation that your packet has been received by the office. The Applications Committee has up to three months to consider an application. Depending on the number of applications being processed, you may hear from the committee by email sooner than that with their decision.*

## APPENDIX A

### 2. CONTINUING EDUCATION DOCUMENTATION

Conference Name: Dysphagia Interdisciplinary Imaginary Annual Meeting

Presenter(s): Various

Sponsoring Organization: Dysphagia Association of America

Location: Chicago

Dates: 03-08 thru 03-10 2012 Total CEUs for Activity 21

Areas Covered:          A/P         E         T         OR        Level:   IM

A

# of CEU's                .8                .95                .35

Conference Name: Pharyngeal Dysphagia Treatment: What's the Evidence

Presenter(s): S. Peach Path, CCC-SLP, BCS-S

Sponsoring Organization: Happy Hollow Hospital

Location: Newburg, IN

Dates: 01-21-12 Total CEUs for Activity .6

Areas Covered:         A/P         E          T         OR        Level:   IM

A

# of CEU's                .1                .5

Conference Name: Esophageal Disorders

Presenter(s): Caryn Easterling, Ph.D. CCC-SLP, BCS-S Barbara Messing,

Sponsoring Organization: AB-SSD Swallowing & Swallowing Disorders

Location: On-line

Dates: 11-01-11 Total CEUs for Activity .2

Areas Covered:          A/P         E         T         OR        Level:   IM

A

# of CEU's                .15                .5

Conference Name: Oral Care and Aspiration Pneumonia

Presenter(s): Various (Coyle, Marik, Goldsmith, etc)

Sponsoring Organization: AB-SSD Swallowing & Swallowing Disorders

Location: On-line

Dates: 05-06-12 Total CEUs for Activity .2

Areas Covered:          A/P         E         T         OR        Level:   IM

A

# of CEU's                .2

**This is just an example**



**TOTAL # CEUs LISTED (ALL MUST RELATE TO SWALLOWING OR SWALLOWING DISORDERS). Do not list in hours. List in CEUs: \_\_\_\_\_**

## APPENDIX B

### 3. DOCUMENTATION OF CLINICAL HOURS

**P=Pediatric and A=Adult**

Facility: Happy Hollow Hospital                      Dates: 07-01-11 to present  
 Approximate hours per week of:  
 Evaluation: 18            Treatment: 10            Counseling: 5            Caseload: X  P

Facility: Merry Mountain Long Term Care                      Dates: 05-01-10 to 07-01-11  
 Approximate hours per week of:  
 Evaluation: 7            Treatment: 8            Counseling: 4            Caseload: X  P  A

Facility: Tiny Toddlers Early Intervention                      Dates: 04-07-09 to 05-01-10  
 Approximate hours per week of:  
 Evaluation: 10            Treatment: 8            Counseling: 3            Caseload: X  P  A

**Total Number of Clinical Hours in each of the previous five years:**

**1650**

**855**

**1645**

**1530**

**1155**

## APPENDIX C

### EXAMPLES OF RELATED PROFESSIONAL SKILLS

#### *Education/Mentorship.*

- Presented a paper or poster at the state association, perhaps in partnership with another speech-language pathologist. This might be a report on a quality improvement initiative, description of specialized dysphagia program you offer, etc.
- Served as supervisor for multiple clinicians/students in swallowing and swallowing disorders over last 3+ years. Details regarding number of clinicians supervised and level of supervision/training provided must be included.
- Started or regularly participated in journal group and made evidence-based presentations to the group.
- Developed content and taught related professionals within your facility about swallowing and swallowing disorders(e.g. Grand Rounds, nursing orientation)
- Taught a community based group (e.g. normal elderly on effects of aging; disease-specific support groups)
- Provided guest lectures in graduate course at local university.
- Taught graduate course on swallowing and swallowing disorders in ASHA CAA accredited university program in the past 3 years. The course syllabus should be attached.
- Educational presentations at major regional, state, national, or international conferences and/or post graduate workshops on swallowing and/or swallowing disorders. These lectures must have been presented to an audience that extended beyond the applicant's institution. Title of presentation, date, participant objectives, and audience should be delineated.
- Developed facility-specific patient or staff educational materials. Attach copy of the materials.
- Developed and published clinical educational programs and/or materials on swallowing and swallowing disorders that are disseminated outside of the institution/program in which the applicant works. The product can be in the form of electronic media or hard copy. Copy of the program or material should be attached.
- Serve as primary advisor to a master's or doctoral student to guide their research for a thesis or dissertation

*Leadership.*

- Served on various interdisciplinary committees at place of employment.
- Chaired a committee within your organization. Describe the scope of the project and your leadership role.
- Held leadership positions in ASHA or other professional organizations whose mission includes a focus on swallowing and swallowing disorders (Chair of committee, officer, etc). Give specifics.
- Participated in development of ASHA or state association position papers or guidelines on swallowing and swallowing disorders. Give specifics. Attach document if complete. - Served on major committees of regional, state, or national organizations dealing with swallowing and swallowing disorders. Describe the work of the committee.
- Serves in official supervisory position(s) at hospital, rehabilitation, education, or university programs in swallowing and swallowing disorders with responsibilities for training and supervision of staff clinicians providing dysphagia services. This could be supervisor, director, lead clinician, etc. Describe these services.
- Developed a formal swallowing program within the institution with involvement of multiple disciplines. Responsible for ongoing monitoring and quality improvement program within the institution for swallowing program. Describe the program in detail and include protocol.
- Developed a new function/role of the dysphagia program at the institution (e.g. added an instrumental format; oral care program).

*Scholarship/Research.*

- e. Published at least one peer-reviewed research article with the applicant as primary or secondary author of this article. Attach the article.
- f. Published a chapter directly related to normal swallowing or swallowing disorders in a peer reviewed textbook. Give specific reference or attach chapter.
- g. Presented a peer reviewed research paper or poster at a scientific meeting.
- h. Actively participated in research activities in normal swallowing and/or swallowing disorders involving some form of direct patient contact such as conducting a survey or applying research methods under study (diagnostic tools or treatments). State the specific research questions of the project, the results, and publications or presentations emanating from it - or if still underway, state the progress to date, the anticipated completion of the project, and plans for publication.

**Request for Nominations**  
**Board Member of the AB-SSD for Swallowing and Swallowing Disorders**

***Attention: AB-SSD Affiliates***

We are seeking nominations for Board Members of the American Board of Swallowing and Swallowing Disorders. This Board consists of 12 members who are current AB-SSD affiliates and 1 consumer member. At present, we have \_\_\_positions open. We request that you submit names of individuals who you recommend. Nominations may be self-initiated or initiated by another affiliate who has confirmed that the nominee is willing to serve.

American Board of Swallowing and Swallowing Disorders is:

- To administer an efficient certification program for specialists in the clinical practice and research in swallowing and swallowing disorders,
- To provide the opportunity for practitioners to specify the nature of the clinical practice they provide,
- To provide advanced-level educational opportunities for practitioners,
- To maintain a mechanism by which the public can identify those practitioners with specialized clinical education and experience, and
- To increase awareness of validated assessment and treatment procedures, and promote educated choices for provision of services, and

**Qualifications:** Nominees must hold current status as a Board Certified Specialist in Swallowing and Swallowing Disorders.

**Term:** The term is three (3) years and for no more than two (2) consecutive terms (i.e. six (6) years). A Board member may be eligible for re-election after the first 6-year terms following a 3-year hiatus.

**Responsibilities:** Responsibilities include attendance at the annual meeting usually scheduled on the pre-conference day for the annual meeting of the ASHA convention, one-hour monthly teleconference, and committee participation.

**Nomination forms:** Nomination forms will be posted on the specialty certification website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) and must be returned by e-mail to the AB-SSDwebsite by the deadline posted.

**Election Process:** The nominations committee will select up to three (3) nominees per available position and present the slate to the Board. After approval by the Board, all current AB-SSD affiliates will vote by e-mail ballot. The chair of the executive committee will notify all applicants of

the results of the election, and then announce the results to all affiliates by email and a posting on the website.

**American Board of Swallowing and Swallowing Disorders**  
**Nomination Form: Board Member\***

Name

Date

Professional title

Date of BCS-S confirmation

Degree (s)

Work Setting

(address)

Email

Phone

Population served:  Adult  Pediatrics  BothCheck status:  First term,  Re-election,  Term after 3-year hiatus

Please check whether nomination was:  self-imitated or  nominated by affiliate  
 (Affiliate's: Name \_\_\_\_\_, Email \_\_\_\_\_, Phone \_\_\_\_\_)

---

In 250 words or less please describe why you wish to serve on the BRS Board and what skills you can bring to the Board regarding the practice of Dysphagia.

\*If you are selected to be placed on the slate, this information will be posted on the AB-SSD website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) for perusal by all voting members.



## APPENDIX I

### Request for Nominations Consumer Member of the American Board of Swallowing and Swallowing Disorders

**Attention: AB-SSD Affiliates**

We are seeking nominations for the *consumer member* of the American Board of Swallowing and Swallowing Disorders and request that you submit names of individuals who you recommend. All potential nominees must have agreed to serve on the Board prior to submission of their names.

**Mission:** The mission of the American Board of Swallowing and Swallowing Disorders is:

- To administer an efficient certification program for specialists in the clinical practice and research in swallowing and swallowing disorders,
- To provide the opportunity for practitioners to specify the nature of the clinical practice they provide,
- To provide advanced-level educational opportunities for practitioners,
- To maintain a mechanism by which the public can identify those practitioners with specialized clinical education and experience, and
- To increase awareness of validated assessment and treatment procedures, and promote educated choices for provision of services, and

**Role:** The role of the Consumer Member is to protect the rights and express the concerns of individuals who have swallowing disorders.

**Qualifications:** Nominees for Consumer Member must have either experienced swallowing problems OR be a family member or caregiver of a person who has experienced swallowing problems.

**Term:** The term is three (3) years and for no more than two (2) consecutive terms (i.e. six [6] years). A Consumer Board member may be eligible for re-election after the first 6-year terms following a 3-year hiatus.

**Responsibilities:** Responsibilities include attendance at the annual meeting with expenses paid by the AB-SSD, participation in a one-hour monthly teleconference, and participation on appropriate committees.

**Nomination Forms:** The nomination form will be posted on the specialty certification website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) and the nominator must return the completed form by e-mail to the AB-SSD website by the deadline posted. The completed form will include information regarding the specific skills or qualities the individual brings to the board and reasons for seeking a position on the board in 250 words or less.

**Election Process** Current board members will vote during face-to-face meeting or during monthly telephone conference call. The chair of the executive committee will notify all applicants



of the results of the election, and then announce the results to all affiliates by email and a posting on the website.

**\*Board Certified Specialists in Swallowing and Swallowing Disorders****Nomination Form: Consumer Member\*****Name****Date****Address****Email****Phone****Check status:**  **First term,**  **Re-election,**  **Term after 3-year hiatus****Name of BCS-S nominator****Email****Phone**

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**In 250 words or less, please describe the reasons you are nominating this person to serve on the AB-SSD and what skills he/she will bring to the Board regarding the practice of Dysphagia. Please indicate whether your nominee has experienced swallowing problems or has a family member or caregiver who has experienced swallowing problems.**

**\*If your nominee is selected to be placed on the slate, this information will be posted on the Boards website ([www.swallowingdisorders.org](http://www.swallowingdisorders.org)) for perusal by all voting members.**

**APPENDIX J**

**COUNCIL FOR CLINICAL SPECIALTY CERTIFICATION  
AB-SSD ANNUAL REPORT FORM**

AB-SSD ANNUAL REPORT TO THE COUNCIL FOR CLINICAL SPECIALTY CERTIFICATION

**Submitted by**

---

**AB-SSD Chair**

---

Date

**PART II**—To be completed by AB-SSDs that have been established longer than 1 year following approval of a Stage II Application.

**A. SPECIALTY PROCESS**

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

**B. REVISIONS**

1. Does the AB-SSD plan any revision of its *Specialist Standards* within the coming year?  
 Yes (Please attach a detailed explanation).  
 No

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

2. Have there been any changes in the AB-SSD's procedures within the past year?  
 Yes  
 No
3. Does the AB-SSD plan any changes in its Articles of Incorporation or By-Laws within the coming year?  
 Yes (Please attach a detailed explanation).  
 No

**C. COMPLAINTS**

1. Has the AB-SSD received any complaints during the past year?  
 Yes (Please provide information about the nature of the complaints and how they were handled.)  
 No

2. Have any of the AB-SSD's decisions been appealed during the past year?  
 Yes (Please provide information about how they were handled.)  
 No

**PART II—Cont.**

**D. AB-SSD VIABILITY**

1. Has the AB-SSD been maintained as an independent organizational entity with appropriate liability protection?  
 Yes  
 No (Please provide justification of current corporate status and liability protection)
2. Does the AB-SSD plan any changes in its corporate status or liability protection in the coming year?  
 Yes (Please explain the planned changes)  
 No
3. Has the AB-SSD completed an assessment or gathered data in the past year regarding the success and relevance of its specialty certification program (e.g., Have any modifications of its *Specialist Standards* been driven by advances in this area of specialization? What is the level of consumer satisfaction? See Section III. D. in the *Guidelines for AB-SSDs*; this must be done at least every 5 years or more often as deemed necessary).  
 Yes (Please attach documentation of the completed assessment/data)  
 No (Please provide anticipated dates of future assessments/data)
4. The AB-SSD must document that in the past year, it has maintained, and will continue to maintain, adequate financial resources for administering its program, including: the application and award processes; maintenance of the AB-SSD; and AB-SSD meetings. Please provide a complete financial statement with documentation of fees collected, disbursements, and account balances.

**ADDITIONAL INFORMATION OR COMMENTS**

**APPENDIX K**

**AB-SSD FIVE-YEAR REPORT FORM**

**AB-SSD AMERICAN BOARD OF SWALLOWING AND  
SWALLOWING DISORDERS  
FIVE YEAR REPORT TO THE  
COUNCIL FOR CLINICAL SPECIALTY CERTIFICATION**

**Submitted by**

\_\_\_\_\_  
**AB-SSD Chair**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Date**

## AB-SSD FIVE YEAR REPORT TO THE COUNCIL FOR CLINICAL SPECIALTY CERTIFICATION

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

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

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

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

- ***ASHA Certification*** – Describe how the Board monitors that all Specialists currently hold the ASHA Certificate of Clinical Competence (CCC).
- ***Post-Certification Experience*** – Describe the specific requirements for post-CCC experience and what mechanisms the Board uses to monitor those requirements.
- ***Education*** – Describe how the Board documents that each Specialist has the specialized preparation that goes beyond the preparation specified to satisfy the requirements for the CCC (e.g., educational programs, specific courses, mentorships, internships).
- ***Assessment of Knowledge*** – Describe how the Board assesses knowledge, skills, and experience of the practitioner in the specialty area (e.g., tests, case presentations, demonstration of skills in the presence of examiners).
- ***Maintenance and Renewal*** – Describe the procedures used by the Board for renewal as a clinical specialist.

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

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



## APPENDIX L

### PROCESS FOR THE APPEAL OF AB-SSD DECISIONS

#### Appeal of AB-SSD Decisions

##### A. General Principles

1. Individuals whose specialty certification has been denied or revoked by the American Board of Swallowing and Swallowing Disorders may appeal that decision. The first level of appeal is a request for further consideration by the American Board of Swallowing and Swallowing Disorders. If the American Board of Swallowing and Swallowing Disorders sustains its decision, the individual may appeal the decision to an Appellate Body.
2. Denial or revocation of specialty certification by the American Board of Swallowing and Swallowing Disorders shall not become effective until the decision has become final (i.e., at the conclusion of further consideration and appeal).
3. In this Appendix, the American Board of Swallowing and Swallowing Disorders shall be referred to as the AB-SSD. The Appellate Body is the group of persons to whom an appeal of a AB-SSD decision shall be made. The Chair of the Board in Swallowing and Swallowing Disorders will appoint one member of the BCS-S Board to chair the Appellate Body. The Chair of the Appellate Body will appoint two additional members to the Appellate Body from individuals who hold board certification. Individuals who request further consideration or appeal of a decision of a AB-SSD shall hereinafter be referred to as the Appellant. Standards for Certification as a Specialist shall be referred to as Specialist Standards. A request for further consideration shall be referred to as a Further Consideration Hearing.

##### B. Rules of Procedure for Further Consideration

1. Initial Decision
 

Notice of an adverse action (e.g., denial or revocation of specialty certification) taken by a AB-SSD 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 AB-SSD.
2. Notice of Initial Decision
  - a. Individual applicants for or holders of specialty certification shall receive written notice of the Initial Decision. This notice shall be sent by certified mail, return-receipt-requested, within 30 days of the AB-SSD's decision.
  - b. If the AB-SSD does not receive a request for a Further Consideration Hearing within 30 days of the date the Initial Decision was mailed, the AB-SSD's Initial Decision shall become final and there shall be no further right of appeal.
3. Procedures for Further Consideration Hearing

- a. Individual applicants for, or holders of, specialty certification who receive an Initial Decision may request that the AB-SSD 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 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 AB-SSD, and must be received within 30 days of the date the Initial Decision was mailed. The request shall specify in what respects the AB-SSD's Initial Decision was allegedly wrong. The Further Consideration Hearing shall be based solely upon oral and/or written information and materials submitted to the AB-SSD.
4. Notice of Decision After Further Consideration
- a. Appellants shall receive written notice of the Decision After Further Consideration by the AB-SSD. This notice shall be sent by certified mail, return-receipt-requested, within 30 days of the AB-SSD's decision. The notice shall reference and append the Rules of Procedure for Further Consideration and Appeals adopted by the AB-SSD.
  - b. The Decision After Further Consideration shall describe the basis for the AB-SSD's decision, specifically addressing the Specialist Standards that the Appellant met or failed to meet.
  - c. If the Appellate Body (composition to be specified by the AB-SSD) does not receive a request for appeal of an Adverse Decision After Further Consideration, within 30 days after the date that Decision was mailed, the AB-SSD's Decision After Further Consideration 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 AB-SSD. The appeal to the Appellate Body shall be governed by the *Rules of Procedure for Further Consideration and Appeals*. The decision of the Appellate Body shall be final and there shall be no further right of appeal.

### **C. Rules of Procedure for Appeals**

1. General Principles
  - a. Individuals whose specialist certification has been denied or revoked by the AB-SSD may appeal the Decision after Further Consideration of the AB-SSD to the Appellate Body.
  - b. The function of the Appellate Body shall be to review the record and to determine whether the AB-SSD 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 the AB-SSD that would justify its decision.
  - c. An appeal of the AB-SSD decision shall be on the AB-SSD's record. All oral and/or written material that the AB-SSD 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, should adhere to the following guidelines for voiding conflict of interest or perception thereof that might impair the objectivity of the Appellate Body in reaching its decision.

- a. Appellants should be given the opportunity to inform the chair of the Appellate Body of any conflict or potential conflict they are aware of on the part of any Appellate Body member and to ask that such member 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 to be 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 Procedure 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 AB-SSD was mailed to an Appellant, the Appellant shall submit to the chair of the Appellate Body a notice of intent to appeal. The Appellant shall transmit a copy thereof to the chair of the AB-SSD and shall certify to the chair of the Appellate Body that a copy was transmitted.
- b. Within 60 days of the date upon which the certified, return-receipt-requested letter of denial from the AB-SSD 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 matters not included in the record before the AB-SSD. The Appellant shall transmit a copy thereof to the chair of the AB-SSD 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 AB-SSD 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 AB-SSD shall furnish to the Appellate Body, for review by its members, complete copies of the record made before the AB-SSD.
- e. The Appellant and the Appellate Body shall be entitled to be represented by counsel at the Appeal Hearing. The chair of the AB-SSD shall be entitled to the assistance of a resource person at the Appeal Hearing.

- f. No additional persons other than the Appellant (or representative) and counsel (or other resource person), the chair of the AB-SSD (or representative), appointed members of the Appellate Body, legal advisor to the Appellate Body, ASHA staff archivist, and the appropriate ASHA Executive Board liaison shall be present at the Appeal Hearing.
  - g. Following introductory remarks by the chair of the Appellate Body, the Appellant shall be heard first, then the AB-SSD. 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 who were in attendance at the Appeal Hearing.
  - i. The Appellate Body shall notify the Appellant and the chair of the AB-SSD 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.
4. Rules Governing the Filing and Processing of Accelerated Appeals
- At the time of noting the intent to appeal or at any time before the Appeal Hearing, the Appellant, for good cause, may request in writing that the chair grant an accelerated appeal to be heard before a panel of the Appellate Body.
- a. Appellant's request for an accelerated appeal shall be accompanied by a written acknowledgment and agreement that the Appeals Panel's decision shall be final and in all respects the same as a decision in the matter by the Appellate Body as a whole.
  - b. The chair of the Appellate Body shall inform the Appellant within 10 business days of the decision whether the request for an accelerated appeal is granted.
  - c. If the request is granted, the chair shall promptly appoint a panel of three Appellate Body members, naming a chair thereof, to hear and decide the appeal. The panel shall follow, and be bound by, the procedures governing appeals before the Appellate Body as a whole, except that the panel may shorten the time for the filing of the Appellant's written explanation of the grounds for appeal. Accelerated appeals may be conducted by conference telephone call.