

APPENDIX A

2. CONTINUING EDUCATION DOCUMENTATION

Please note: All applicants must document receipt of at least 7.5 CEUs that relate to dysphagia within the last 3 years. 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 activities. In addition, 3.0 of the 7.5 CEUs must be from in-person conferences.

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, BRS-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, BRS-S; Barbara Messing,

Sponsoring Organization: Specialty Board 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

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.

- Published at least one peer-reviewed research article with the applicant as primary or secondary author of this article. Attach the article.
- Published a chapter directly related to normal swallowing or swallowing disorders in a peer reviewed textbook. Give specific reference or attach chapter.
- Presented a peer reviewed research paper or poster at a scientific meeting.
- 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 D

Verification of hours: Application for American Board of Swallowing and Swallowing Disorders

Applicant's Name: _____

Recipients' Name: _____

Title: _____

Facility Name: _____

Address: _____

Phone Number: _____

What is board certified? Speech–language pathologists (SLPs) who have advanced knowledge, skills and experience are recognized by the designation of BCS-S or American Board Certified in Swallowing and Swallowing Disorders. This certificate is akin to Board Certification that qualified physicians hold. The American Speech-Language Hearing Association, that grants basic certification to all SLPs as an entry level requirement for practice, began this program of Specialty Recognition (now known as Board certified) in 1995. It became known as board certified January 1, 2014. While BCS-S is voluntary, it is becoming the standard for identifying an SLP who is an expert in dysphagia, or swallowing disorders.

To whom it may concern:

You have been asked by the applicant to verify that he/she has a minimum of 350 clinical hours per year (for Clinical Track) of evaluation and 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 (12-month period) for each of 3 years prior to applying for BRS-S membership. In addition, applicants in the Administrative/Academic Track must have 450 hours in the 4 years before applying.

Please complete this letter within 30 days and mail to American Board of Swallowing and Swallowing Disorders, 563 Carter Court, Suite B, Kimberly, WI 54136

I have worked with the applicant for the following # of years: _____

Briefly describe the nature of your professional relationship: _____

_____ I attest that the applicant has 350 clinical hours per year (for Clinical Track) of evaluation and treatment of swallowing disorders

OR

_____ I attest that the applicant has 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.

_____ I cannot attest that the applicant has sufficient annual clinical and/or administrative hours.

Signature: _____ Print Name: _____

Date Signed: _____

If you have any questions, please contact the AB-SSD office at info@swallowingdisorders.org or 920-560-5625.