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

All professional activities must be at an intermediate to advanced level that go beyond those expected in the applicant’s job description. Therefore, it is critical and expected that professional activities related to dysphagia include activities outside the applicant’s institution. The activities listed below are examples and are not exhaustive but serve as suggestions for each category.

Categories

EDUCATION/MENTORSHIP
- Research or clinical Presentations at state, regional or national meetings
- Clinical supervisor for several clinicians or students for dysphagic clients
  - Indicate location, Number of students, dates
- Implementing evidence based programs on dysphagia at local facility,
- Educational presentations on dysphagia in community
- Guest lectures on dysphagia at local universities
- Teach graduate level dysphagia course
  - Attach syllabus, dates
- Clinical or educational publications
  - Attach copy
- Primary academic/clinical advisor to graduate student

LEADERSHIP
- Service on dysphagia related committees local, state, national
- Leadership in professional organizations with focus on swallowing
- Development and/or expansion of a swallowing program
  - Provide description

SCHOLARSHIP/RESEARCH
- Peer reviewed publications (primary or secondary authorship)
- Presentation of peer-reviewed research
- Ongoing research on dysphagia
  - Provide description
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.

Updated January 2020