DEPARTMENT OF STATE
Division of Professional Regulation

3700 Board of Speech/Language Pathologists, Audiologists & Hearing Aid Dispensers

1.0 General

1.1 Governing statute. Chapter 37 of Title 24 of the Delaware Code governs the Board of Speech/Language Pathologists, Audiologists and Hearing Aid Dispensers ("Board") and the professions under its purview.

1.2 Pursuant to 24 **Del.C.** §3706(a)(1), the Board is authorized and hereby adopts this regulation.

1.3 Pursuant to the Administrative Procedures Act, Chapter 101 of Title 29 of the Delaware Code, the Board reserves the right to make amendments, modifications, and additions to this regulation.

1.4 The Board reserves the right to grant exceptions to the requirements of this regulation upon a showing of good cause by the party requesting an exception, provided that the exception is not inconsistent with the requirements of Chapter 37 of Title 24 of the Delaware Code.

1.5 Duty to update address: All licensees must provide the Division of Professional Regulation ("Division") with their current mailing and email addresses. Any change must be reported to the Division within 10 days of the change. All notifications and correspondence pertaining to a licensee's license will be sent to the most recent address provided by the licensee. The failure to provide the Division with updated information will not operate to excuse any duty or responsibility of the licensee and delivery to the most recent address provided by the licensee will be considered proper notice.

1.6 Applications

1.6.1 All applications must be submitted electronically and accompanied by the appropriate fee.

1.6.2 Applications are valid for 1 year after submission. After 1 year, the application may be destroyed at the discretion of the Division.

6 DE Reg. 1340 (04/01/03)
11 DE Reg. 814 (12/01/07)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

2.0 Licensure Requirements for Speech/Language Pathologists

2.1 Permanent Licensure. To be eligible for a license as a Speech/Language Pathologist, the applicant must submit verification that the applicant has current certification of clinical competence issued by the American Speech-Language-Hearing Association ("ASHA") or its successors. A Speech/Language Pathologist is not required to maintain ASHA certification in order to maintain a Delaware license.

2.2 Temporary Licensure

2.2.1 To be eligible for a temporary license, an applicant must submit the following:

2.2.1.1 Official transcripts;

2.2.1.2 Payment of appropriate fees;

2.2.1.3 Documents verifying the appropriate number and level of supervised clinical practicum hours; and

2.2.1.4 A CF plan on a form approved by the Board, signed by the licensed professional who will provide the supervision.

2.2.2 A temporary license is valid for 1 year from the date of issuance and may be renewed 3 times for a maximum of 48 months, in extenuating circumstances, upon application to the Board. The licensee shall take the examination at least once prior to submitting a request for renewal of the temporary license. Requests for Board consideration of a renewal shall be made in writing and sent to the Division prior to expiration of the temporary license.

6 DE Reg. 1340 (04/01/03)
13 DE Reg. 1097 (02/01/10)
21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

3.0 Licensure Requirements for Audiologists

3.1 To be eligible for a license as an audiologist, the applicant must meet 1 of the following requirements:

3.1.1 Current certification of clinical competence issued by ASHA or its successors.

3.1.2 Board certification from the American Board of Audiology or its successors.

3.1.3 Possession of a doctoral degree in audiology from an accredited college or university and successful completion of a national examination in the area of the applicant's specialty prepared by a national testing service. Audiologists licensed prior to July 10, 2019 who have maintained continuous licensure shall be exempt from the educational requirement of this subsection.

29 DE Reg. 226 (09/01/25)

4.0 Licensure Requirements for Hearing Aid Dispensers

4.1 Delaware-licensed audiologists are authorized to dispense hearing aids, pursuant to 24 **Del.C.** §3702(8), and are not required to obtain a separate Hearing Aid Dispensing license. All other applicants shall meet the following requirements:

4.2 Original Licensure

4.2.1 Applicants shall meet current standards promulgated by the International Hearing Society or its successor.

4.2.2 Education. Applicants must have earned a high school diploma or its equivalent.

4.2.3 Training. The Board will not authorize the applicant to take the examination until the following requirements are met:

4.2.3.1 Successful completion of the International Hearing Society Curriculum entitled "Distance Learning for Professionals in Hearing Health Sciences" or an equivalent course approved by the Board and provide the Board with the course completion certificate.

4.2.3.2 Successful completion of 6 months of training under the direct supervision of a Delaware-licensed hearing aid dispenser or Delaware-licensed audiologist. "**Direct supervision**" means direct, on-site observations of the applicant by the supervisor. Applicants shall be under direct supervision for 100% of the time during the first 2 months, 50% of the time during the subsequent 2 months, and 25% of the time during the final 2 months of the training period.

4.2.3.3 Applicants shall hold a valid, active temporary license during the training period. Training conducted while the applicant is without a valid, active temporary license will not count toward fulfillment of the 6-month training requirement.

4.2.3.4 Upon completion of the training period, temporary Hearing Aid Dispensing licensees must submit verification of completion of the training period on a Board-approved form, which shall include the notarized signature of the Delaware-licensed sponsor stating that the training was completed under his or her direct supervision in accordance with subsection 4.2.3.2. Upon receipt and approval of the training verification, the Board will authorize the applicant to take the examination.

4.2.4 National Examination. Applicants for Hearing Aid Dispensing licensure must have completed and passed the national examination approved by the Division, in accordance with scores as recommended by the national testing service, the International Hearing Society, or its successor. Upon confirmation from the testing service that an applicant has passed the exam, the Board will issue a Hearing Aid Dispensing license to the applicant.

4.3 Temporary Licensure

4.3.1 The purpose of a temporary license is to permit an otherwise qualified applicant to practice under appropriate supervision pending the applicant's scoring of a passing grade on the examination.

4.3.2 To obtain a temporary license, applicants must submit a licensure application and:

4.3.2.1 Verification of a high school diploma or its equivalent; and

4.3.2.2 A plan for completing the 6-month training period, which shall include the notarized signature of a Delaware-licensed sponsor stating a willingness to provide direct supervision and training.

4.3.3 A temporary license is valid for 2 years from the date of issuance. If the applicant does not pass the examination within 2 years after making application, the applicant shall be required to wait 6 months from the date of the last examination and complete an additional training period under subsection 4.2.3.2 before the Board will grant authorization to retake the exam. There is no limit to the number of times the applicant may take the examination during the 2-year period of temporary licensure.

4.3.4 If the applicant does not pass the examination within 4 years from the date of issuance of the first temporary license, the applicant's supervisor must certify to the Board that the applicant has reviewed, for a second time, the International Hearing Society Curriculum entitled "Distance Learning for Professionals in Hearing Health Sciences" or an equivalent course approved by the Board.

4.3.5 A temporary license may be renewed once for an additional 1-year period in extenuating circumstances upon approval by the Board. Requests for Board consideration of a renewal shall be made in writing and sent to the Division at least 60 days prior to expiration.

11 DE Reg. 814 (12/01/07)
13 DE Reg. 1097 (02/01/10)
21 DE Reg. 813 (04/01/18)

29 DE Reg. 226 (09/01/25)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

5.0 License Renewal, Expired Licenses and Inactive Status

5.1 License Renewal

5.1.1 Licenses shall expire biennially on every odd numbered year. License renewal shall be accomplished online at htttps://www.dpr.delaware.gov and shall include:

5.1.1.1 The applicable fee; and

5.1.1.2 Attestation of completion of continuing education required by Section 7.0.

5.2 Expired Licenses. A holder of an expired license may renew the license within 1 year of the date the renewal was due by fulfilling all of the renewal requirements and paying the late fee established by the Division.

5.3 Inactive Status. A licensee may apply to the Board for inactive status for up to 5 years. The license may be reactivated upon application to the Board and proof of CEs completed within the preceding 24 months as required by subsection 7.2.2.2, and payment of the fee established by the Division.

5.4 ASHA Certification is not required for license renewal.

13 DE Reg. 1097 (02/01/10)
21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

6.0 Electronic Equipment Calibration

6.1 Audiologists and hearing aid dispensers shall ensure the annual calibration of the electronic equipment they use to assess hearing. Calibration shall be performed by a certified professional consistent with the standards set by the American National Standards Institute (ANSI).

6.2 Audiologists and hearing aid dispensers shall indicate by attestation in the course of license renewal whether they have complied with subsection 6.1. Audiologists who do not have such equipment shall attest to that fact during the course of renewal.

11 DE Reg. 814 (12/01/07)
21 DE Reg. 813 (04/01/18)
29 DE Reg. 226 (09/01/25)

7.0 Continuing Education For All Licensees

7.1 Philosophy

7.1.1 Continuing education (CE) is required by the Board to maintain professional licensure in the fields of speech/language pathology, audiology, and hearing aid dispensing. Continuing education requirements arise from an awareness that these fields are in a continual state of transition due to the introduction of new philosophies and the refinement of already existing knowledge. Speech/language pathologists, audiologists, and hearing aid dispensers should continually strive to update their clinical skills in an effort to deliver high quality services.

7.1.2 The Board is keenly aware of existing educational opportunities in Delaware and neighboring states and has established regulations which will provide continuing education credit as effortlessly as possible while assuring quality instruction. Credit will be given for participation in a variety of activities that increase knowledge and enhance professional growth.

7.1.3 This regulation recognizes the financial and time limitations of Delaware's professionals while assuring continued appropriate services to those individuals who require them.

7.2 Continuing Education Criteria

7.2.1 One continuing education contact hour is defined as 60 minutes of attendance/participation in an approved continuing education activity unless otherwise stated. Credits and continuing education units (CEUs) issued by various organizations must be translated. e.g., 1.0 ASHA CEU = 10 CEs.

7.2.2 The required number of CEs varies with the date of issuance of license, certification, or professional status.

7.2.2.1 New License. There is no CE requirement for a license issued for less than 1 year. If a license would cover more than 1 year, but less than 2 years, the licensee is required to obtain 15 CEs or ½ of the required total hours.

7.2.2.2 Single License. Individuals with a license in only 1 area of specialty must obtain a minimum of 30 CEs each 2-year license renewal period.

7.2.2.3 Dual License. Individuals with licenses in 2 areas of specialty must obtain a minimum of 30 CEs during each 2-year license renewal period, with 15 CEs obtained in each specialty area. One

course may be split between specialty areas to fulfill multiple CE requirements. Content must be shown to be relevant to those areas.

7.2.2.4 Effective for the licensure renewal period beginning August 1, 2025 and ending July 31, 2027, all licensees must complete 2 hours of credits in the subject matter of ethics. The 2 CEs in ethics must be completed every licensure renewal period and are part of the 30 CEs required for license renewal. If a licensee is required to complete 15 CEs as set forth in subsection 7.2.2.1, 2 of those CEs must be in the subject matter of ethics.

7.2.2.5 Temporary License. All CE requirements will be waived for temporary licensees.

7.2.2.6 Hardship. An applicant for license renewal may be granted an extension of time in which to complete CE hours or a total or partial waiver of CE requirements upon a showing of hardship. Hardship may include disability, illness, extended absence from the country and exceptional family responsibilities. No extension of time or waiver shall be granted unless the licensee submits a written request to the Board prior to the expiration of the license.

7.2.3 CE courses must focus on the enhancement of clinical skills and professional growth as defined in subsections 7.2.3.1 and 7.2.3.2.

7.2.3.1 Clinical Skills. Conferences, workshops, courses, etc., that expand a licensee's scope of practice by enhancing skills in the areas of prevention, assessment, diagnosis, and treatment of the client (minimum of 20 CEs per licensure renewal period).

7.2.3.2 Professional Growth. Conferences, workshops, courses, etc., that may not directly impact on clinical services to the population being served but are of interest to the licensee and will allow the licensee the opportunity to stay abreast of current trends in the profession or related fields of interest (maximum of 10 CEs per licensure renewal period).

7.2.4 All CE activities must be approved by the Board. A licensee or CE course sponsor may request advance approval from the Board by submitting a completed Board Approval form. Approval may be requested after the conclusion of a course, but there is no guarantee the course will be approved.

7.2.5 CE is required for license renewal and shall be completed by July 31 of odd-numbered years.

7.2.5.1 Proof of continuing education is satisfied with an attestation by the licensee that the licensee has satisfied the requirements of Section 7.0.

7.2.5.2 Attestation must be completed online.

7.2.6 Random audits will be performed by the Board to ensure compliance with the CE requirements. The Board will determine the percentage of licensees to be audited.

7.2.6.1 The Board will notify licensees within 60 days after July 31 of each biennial renewal period that they have been selected for audit.

7.2.6.2 Licensees selected for random audit shall be required to submit verification within 20 days of receipt of notification of selection for audit.

7.2.7 Verification shall include such information necessary for the Board to assess whether the course or other activity meets the CE requirements in Section 7.0. While course brochures may be used to verify CE hours, they are not considered to be acceptable proof for use of verification of course attendance. Verification must include the following information:

7.2.7.1 Date of CE course.

7.2.7.2 Instructor of CE course.

7.2.7.3 Sponsor of CE course.

7.2.7.4 Title of CE course.

7.2.7.5 Number of hours of CE course.

7.2.7.6 Certificate of completion or ASHA or American Academy of Audiology (AAA) continuing education registry documenting course completion.

7.2.8 In response to the audit, audiologists and hearing aid dispensers shall submit documentation of calibration of electronic equipment used to assess hearing, as set forth in Section 6.0.

7.2.9 Licensees who are not audited shall retain their CE documentation for 3 years after renewal.

7.2.10 Licensees who renew their license under the late renewal provision shall be audited for CE completion (and equipment calibration, if applicable). These licensees shall submit documents that evidence satisfactory completion of their CE requirements (and annual equipment calibration pursuant to Section 6.0, if applicable) for the prior licensure period.

7.2.11 The Board shall review all documentation submitted by licensees pursuant to the CE audit. If the Board determines that the licensee has met the CE requirements, the license shall remain in effect. If the Board determines that the licensee has not met the CE requirements, the licensee shall be notified and a hearing may be held pursuant to the Administrative Procedures Act. The hearing will be conducted to determine if there are any extenuating circumstances justifying the noncompliance with the CE requirements. Unjustified

noncompliance with the CE requirements set forth in these rules and regulations shall constitute a violation of 24 **Del.C.** §3715(a)(7) and the licensee may be subject to 1 or more of the disciplinary sanctions set forth in 24 **Del.C.** §3716.

7.3 Acceptable CE Courses/Activities

7.3.1 CE activities sponsored by accredited professional organizations, such as ASHA or AAA, are acceptable, provided the topics are relevant to the improvement of the licensee's clinical skills or professional growth as defined in subsection 7.2.3.

7.3.2 A licensee may receive up to 3 CEs for training obtained from a colleague who, after attending a professional conference, gives a formal presentation of the information from the conference after developing an agenda and outline.

7.3.3 University/College coursework for academic credit in the field of speech/language pathology, audiology, or hearing aid dispensing. A course description must be submitted to the Board for approval. (1 undergraduate credit = minimum of 3 CEs; 1 graduate credit = minimum of 5 CEs)

7.3.4 Professional presentations. A presentation summary must be submitted to the Board for approval. Credit may be given for a presentation only once during a licensure period. (1 hour of presentation = 3 CEs)

7.3.5 Professional publication in related specialty journals. A reprint of the publication must be submitted to the Board for approval.

7.3.6 Other continuing education may be approved by the Board with documentation of content.

7.3.7 Excluded are any job related duties in the workplace such as staff meetings and CPR.

10 DE Reg. 1830 (06/01/07)
11 DE Reg. 814 (12/01/07)
12 DE Reg. 1525 (06/01/09)
13 DE Reg. 1097 (02/01/10)
21 DE Reg. 813 (04/01/18)
29 DE Reg. 226 (09/01/25)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

8.0 Reciprocity

8.1 An applicant who is currently licensed in another state, the District of Columbia, or territory of the United States whose standards for licensure are substantially similar to those of this state, must comply with 24 **Del.C.** §3710. Applicants for reciprocal licensure from states not substantially similar to this state shall provide proof of practice for a minimum of 5 years after licensure in addition to meeting the other qualifications in 24 **Del.C.** §3710. Verification of practice shall be by notarized letter from the employers.

8.2 In addition to meeting the requirements of subsection 8.1 audiologists applying for licensure by reciprocity who do not hold certification must provide a transcript and examination scores.

29 DE Reg. 226 (09/01/25)

9.0 Code of Ethics for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers

9.1 PREAMBLE. The preservation of the highest standards of conduct and integrity is vital to achieving the statutory declaration of objectives in 24 **Del.C.** §3701. Adopting a code of ethics by regulation puts licensees on notice of the kinds of activity that violate the level of care and protection to which the clients are entitled. The provisions are not intended to be all-inclusive but rather they should serve as examples of obligations that must be satisfied to maintain minimum standards.

9.2 Standards of Professional Conduct

9.2.1 A licensee who violates the following Standards of Professional Conduct may be guilty of illegal, negligent, or incompetent practice and disciplined pursuant to 24 **Del.C.** §3715(a)(2).

9.2.1.1 Licensees shall provide all services competently. Competent service refers to the use of reasonable care and diligence ordinarily employed by similarly licensed individuals.

9.2.1.2 Licensees shall use every resource, including referral, to provide quality service.

9.2.1.3 Licensees shall maintain reasonable documentation of professional services rendered.

9.2.1.4 Licensees shall delegate responsibility only to qualified individuals as permitted by law with appropriate supervision.

9.2.1.5 Licensees who have evidence that a practitioner has violated the Code of Ethics or other law or regulation shall present that information by complaint to the Division for investigation.

9.3 Standards of Professional Integrity.

9.3.1 A licensee who violates the following Standards of Professional Integrity may be guilty of consumer fraud, deception, restraint of competition, or price-fixing and disciplined pursuant to 24 **Del.C.** §3715(a)(6).

9.3.1.1 Licensees shall not charge for services not rendered nor misrepresent the services or products dispensed.

9.3.1.2 Licensees shall inform clients of the nature and possible effects of services. Care must be taken to speak to a client in lay terms that the client can understand.

9.3.1.3 Licensees may use clients in research or as subjects of teaching demonstrations only with their informed consent. An informed consent must be explained and written in lay terms.

9.3.1.4 Licensees shall inform clients in any matter where there is or may be a conflict of interest. Conflicts of interest may be found when a client is steered to a particular provider by one with an expectation of financial gain (kickbacks) or a provider is involved in double dipping by providing services in a private practice that the licensee is obligated to provide though public employment (double-dipping).

9.3.1.5 Licensees shall make no guarantees of the results of any product or procedure but may make a reasonable statement of prognosis.

9.3.1.6 Licensees shall provide services or dispense products only when benefits can reasonably be expected.

9.3.1.7 Licensees shall not engage in misrepresentation, dishonesty, fraud, or deceit. Misrepresentation includes statements likely to mislead or an omission of material information.

9.3.1.8 Licensees who advertise shall provide information in a truthful manner that is direct and not likely to mislead the public. Any written disclaimer or condition that limits or modifies an offer of services or merchandise must be provided in a clear and conspicuous manner in a type size that is at least one-half the size of the type used in making the offer of services or merchandise.

9.3.2 A licensee who violates the following Standards of Professional Integrity may be guilty of misrepresentation, impersonation, or facilitating unlawful practice and disciplined pursuant to 24 **Del.C.** §3715(a)(1):

9.3.2.1 Licensees shall accurately represent any credentials, education, and experience to the public.

9.3.2.2 A licensee who has evidence that an individual is practicing the profession without a license in violation of 24 **Del.C.** §3707 has a duty to report that information to the Division.

9.4 Miscellaneous Professional Standards

9.4.1 A licensee who violates the following Professional Standards may be subject to disciplinary action under 24 **Del.C.** §3715(a)(7):

9.4.1.1 Licensees shall respect the privacy of clients and not reveal, without written authorization, any professional or personal information unless required by law.

9.4.1.2 Licensees shall not discriminate on the basis of race, sex, age, religion, national origin, sexual orientation, or disability.

9.4.1.3 Licensees shall offer services and products on their merits and should refrain from making disparaging comments about competing practitioners or their services and products.

8 DE Reg. 1106 (02/01/05)
9 DE Reg. 1267 (02/01/06)
13 DE Reg. 1097 (02/01/10)
21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

10.0 Telepractice

10.1 Telepractice is the application of telecommunications technology to the delivery of speech/language pathology, audiology and hearing aid dispensing professional services at a distance by linking clinician to client or clinician to clinician for intervention or consultation, subject to subsection 10.2.4.5.

10.2 The licensee who provides treatment through telepractice shall meet the following requirements:

10.2.1 During the telepractice treatment session, the licensee shall have an active Delaware license in good standing to provide services to patients located in the state of Delaware.

10.2.2 Informed consent.

10.2.2.1 Before services are provided through telepractice, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care treatment decisions for the client. At minimum, the informed consent shall inform the client and document acknowledgement of the risk and limitations of:

10.2.2.1.1 The use of electronic communications in the provision of care;

10.2.2.1.2 The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of care; and

10.2.2.1.3 The potential disruption of electronic communication in the use of telepractice.

10.2.2.2 Services provided as part of an individualized education plan (IEP) meet informed consent requirements.

10.2.3 Confidentiality. The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

10.2.4 Competence and scope of practice.

10.2.4.1 The licensee shall be responsible for determining and documenting that telepractice is an appropriate level of care for the client.

10.2.4.2 The licensee shall comply with the Board's law and rules and regulations and all current standards of care requirements applicable to onsite care.

10.2.4.3 The licensee shall limit the practice of telepractice to the area of competence in which proficiency has been gained through education, training and experience.

10.2.4.4 Licensees who deliver telepractice services must possess specialized knowledge and skills in selecting interventions that are appropriate to the technology and that take into consideration client and disorder variables.

10.2.4.5 The licensee shall document in the file or record which services were provided by telepractice.

21 DE Reg. 813 (04/01/18)
29 DE Reg. 226 (09/01/25)

11.0 Operation and Benefits of Telecoil Technology: Required Disclosures

11.1 At the time of the initial examination for the fitting and sale of a hearing aid, audiologists and hearing aid dispensers shall:

11.1.1 Notify the prospective purchaser or client of the operation and benefits of telecoil, also known as "t" coil, or "t" switch technology, in using a hearing aid with "hearing loop" technology; and

11.1.2 Provide written information explaining telecoil and its uses, including increased access to telephones, and communication with businesses and the community and noninvasive access to assistive listening systems.

22 DE Reg. 619 (01/01/19)

12.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals

12.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or the Director's designate of the report. If the Director of Professional Regulation receives the report, the Director shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

12.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform the individual in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give the individual the opportunity to enter the Voluntary Treatment Option.

12.3 In order for the individual to participate in the Voluntary Treatment Option, the individual shall agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's designate.

12.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or the Director's designate and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.

12.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or

that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in subsection 12.8.

12.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which includes the following provisions:

12.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.

12.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate, and such person making such report will not be liable when such reports are made in good faith and without malice.

12.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.

12.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment programs. In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.

12.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or the chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.

12.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.

12.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.

12.8 The participating Board's chairperson, the chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.

12.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.

12.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.

12.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal, or disciplinary liability arising from such reports, and the reporting person's confidentiality shall be protected if the matter is handled in a nondisciplinary matter.

12.12 The confidentiality of a regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall be protected unless otherwise specified in a participating Board's rules and regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)

13.0 Crimes substantially related to the practice of speech/language pathology, audiology, and hearing aid dispensing.

13.1 Conviction of any of the following crimes, or of the attempt to commit or of a conspiracy to commit or conceal or of the solicitation to commit any of the following crimes, is deemed to be a crime substantially related to the practice of speech/language pathology, audiology, and hearing aid dispensing in the State of Delaware without regard to the place of conviction:

13.1.1 Assault in the second degree. 11 **Del.C.** §612.
13.1.2 Assault in the first degree. 11 **Del.C.** §613.
13.1.3 Assault by abuse or neglect. 11 **Del.C.** §615.
13.1.4 Terroristic threatening; felony. 11 **Del.C.** §621
13.1.5 Murder by abuse or neglect in the second degree. 11 **Del.C.** §633.
13.1.6 Murder by abuse or neglect in the first degree. 11 **Del.C.** §634.
13.1.7 Murder in the second degree. 11 **Del.C.** §635.
13.1.8 Murder in the first degree. 11 **Del.C.** §636.
13.1.9 Unlawful Sexual Contact in the first degree. 11 **Del.C.** 769
13.1.10 Rape in the fourth degree. 11 **Del.C.** §770
13.1.11 Rape in the third degree. 11 **Del.C.** §771
13.1.12 Rape in the second degree. 11 **Del.C.** §772
13.1.13 Rape in the first degree. 11 **Del.C.** §773
13.1.14 Sexual extortion. 11 **Del.C.** §774
13.1.15 Continuous sexual abuse of a child. 11 **Del.C.** §776
13.1.16 Dangerous crime against a child. 11 **Del.C.** §777
13.1.17 Sex offender unlawful sexual conduct against a child. 11 **Del.C.** §777A
13.1.18 Sexual abuse of a child by a person in a position of trust, authority or supervision in the first degree. 11 **Del.C.** §778
13.1.19 Sexual abuse of a child by a person in a position of trust, authority or supervision in the second degree. 11 **Del.C.** §778A
13.1.20 Kidnapping in the second degree. 11 **Del.C.** §783
13.1.21 Kidnapping in the first degree. 11 **Del.C.** §783A
13.1.22 Identity theft. 11 **Del.C.** §854
13.1.23 Forgery. 11 **Del.C.** §861
13.1.24 Insurance fraud. 11 **Del.C.** §913
13.1.25 Health care fraud. 11 **Del.C.** §913A
13.1.26 Dealing in children. 11 **Del.C.** §1100A
13.1.27 Endangering the welfare of a child. 11 **Del.C.** §1102
13.1.28 Crime against vulnerable adult. 11 **Del.C.** §1105
13.1.29 Sexual exploitation of a child. 11 **Del.C.** §1108
13.1.30 Unlawful dealing in child pornography. 11 **Del.C.** §1109
13.1.31 Possession of child pornography. 11 **Del.C.** §1111
13.1.32 Sexual offenders; prohibitions from school zones. 11 **Del.C.** §1112
13.1.33 Sexual solicitation of a child. 11 **Del.C.** §1112A
13.1.34 Perjury in the first degree. 11 **Del.C.** §1223
13.1.35 Hate crimes (felony). 11 **Del.C.** §1304(a)
13.1.36 Stalking; felony. 11 **Del.C.** §1312A
13.1.37 Duty to report child abuse or neglect. 16 **Del.C.** §903
13.1.38 Abuse, neglect, mistreatment or financial exploitation of residents or patients. 16 **Del.C.** §1136.
13.1.39 Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, L.S.D., or designer drugs. Formerly 16 **Del.C.** §4753A
13.1.40 Distribution, delivery or possession of a controlled substance within 1,000 feet of school property. Formerly 16 **Del.C.** §4767
13.1.41 Distribution, delivery or possession of a controlled substance within 300 feet of park, recreation area, church, synagogue or other place of worship. Formerly 16 **Del.C.** §4768
13.1.42 Any offense under the Uniform Controlled Substances Act, Title 16 of the Delaware Code, in violation of the aggravating factors in 16 **Del.C.** §4751A
13.1.43 Drug dealing-Aggravated possession; class B felony. 16 **Del.C.** §4752
13.1.44 Drug dealing-Aggravated possession; class C felony. 16 **Del.C.** §4753
13.1.45 Drug dealing-Aggravated possession; class D felony. 16 **Del.C.** §4754
13.1.46 Abuse, neglect, mistreatment or financial exploitation of an adult who is impaired. 31 **Del.C.** §3913

13.2 Crimes substantially related to the practice of speech/language pathology, audiology, and hearing aid dispensing shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this rule.

8 DE Reg. 1106 (02/01/05)
15 DE Reg. 373 (09/01/11)
21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)

14.0 Speech/Language Pathology Assistants

14.1 Definitions. The following words and terms, when used in Section 14.0 of this regulation, have the following meaning:

"**Direct supervision**" means in-view observation and guidance while the speech/language pathology assistant (SLPA) is performing a clinical activity. This can include the supervising speech/language pathologist (supervising SLP) viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services which allows the supervising SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video recorded session later.

"**Indirect supervision**" means the monitoring or reviewing of an SLPA's activities outside of observation and guidance during direct services provided to a student, patient, or client. Indirect supervision activities performed by the supervising SLP may include demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication, such as virtual platforms.

"**Medically fragile**" means an individual who is acutely ill and in an unstable health condition.

14.2 Licensure Requirements. To be eligible for a license as a speech/language pathology assistant, the applicant must hold current speech/language pathology assistant's certification (C-SLPA) through ASHA or its successor or another organization acceptable to the Board.

14.3 Scope of Practice for SLPA. The SLPA may only perform tasks as prescribed, directed and supervised by a licensed supervising SLP.

14.4 The SLPA shall not self-identify, either verbally, in writing, or by signage, as an SLP.

14.5 Requirements for Supervising SLP

14.5.1 Prior to beginning supervision of an SLPA, the supervising SLP must meet the following requirements:

14.5.1.1 Hold an active Delaware license in good standing.

14.5.1.2 Complete a minimum of 2 years of post-permanent licensure experience obtained in any state.

14.5.1.3 Complete a minimum of 2 hours of continuing education in clinical supervision obtained prior to beginning supervision.

14.5.2 Throughout supervision of an SLPA, the supervising SLP must comply with the following standards:

14.5.2.1 Adhere to the principles and rules of the ASHA Code of Ethics (ASHA, 2016a).

14.5.2.2 Adhere to applicable licensure laws and rules and regulations regarding the practice of speech/language pathology.

14.5.2.3 Conduct ongoing checks of the SLPA's skills and competency.

14.5.2.4 Provide ongoing feedback, demonstration, education and training opportunities for the SLPA consistent with competency and skills required to meet the needs of the clients served.

14.5.2.5 Develop, review, and modify treatment plans for clients that the SLPA implements under the supervision of the SLP.

14.5.2.6 Make all case management decisions.

14.5.2.7 Adhere to the supervisory responsibilities for SLPs.

14.5.2.8 Retain legal and ethical responsibility for all students, patients, and clients served.

14.6 Supervision Requirements

14.6.1 The supervising SLP is responsible for providing appropriate and adequate supervision of the SLPA to ensure that services are appropriate, meet practice standards and are administered competently.

14.6.2 The supervising SLP must consider client needs and the SLPA's knowledge and skills to determine what constitutes appropriate supervision, which may be more than the minimum state requirements.

14.6.3 The supervising SLP must ensure that the SLPA only performs those activities that are defined as appropriate for the level of training and experience and in accordance with applicable state requirements.

14.6.4 If the SLPA exceeds the practice role that has been defined for them, the supervising SLP must intervene to correct the actions of the SLPA as needed.

14.6.5 The supervising SLP must accurately document and regularly record all supervisory activities, both direct and indirect, at the supervising SLP's discretion.

14.6.6 Minimum ongoing supervision must include direct supervision provided by the supervising SLP for each student, patient, or client at least every 90 days (depending on frequency of visits/sessions and setting).

14.6.7 The SLP can adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders.

14.6.8 Supervision of the SLPA may be indirect, at the discretion of the supervising SLP, except that 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

14.6.9 The supervising SLP is responsible for designing and implementing a written supervisory plan, which ensures that the SLP maintains the highest standard of quality care for students, patients, and clients.

14.6.10 An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, that is, phone, pager, or other immediate or electronic means. If a supervising SLP is not available, then the SLPA may not perform assigned tasks until an ASHA-certified or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

14.6.11 A supervising SLP who will be unable to supervise an SLPA for more than 1 week will need to inform the SLPA of the planned absence and notify the employer or site administrator that other arrangements need to be made for the SLPA's supervision of services while the supervising SLP is unavailable.

14.7 Supervision ratio. A supervising SLP may supervise no more than 1 SLPA at any given time.

29 DE Reg. 315 (10/01/25)

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6 DE Reg. 1340 (04/01/03)
8 DE Reg. 1106 (02/01/05)
9 DE Reg. 1267 (02/01/06)
10 DE Reg. 1830 (06/01/07)
11 DE Reg. 814 (12/01/07)
12 DE Reg. 1525 (06/01/09)
13 DE Reg. 1097 (02/01/10)
15 DE Reg. 373 (09/01/11)
21 DE Reg. 813 (04/01/18)
22 DE Reg. 619 (01/01/19)
29 DE Reg. 226 (09/01/25)
29 DE Reg. 315 (10/01/25)