Secretary of State Certificate and Order for Filing

TEMPORARY ADMINISTRATIVE RULES

A Statement of Need and Justification accompanies this form..

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted on August 1, 2008 by the

Board of Examiners for Speech-Language Pathology & Audiology

Agency and Division

Administrative Rules Chapter Number

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Rules Coordinator

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to become effective upon filing through Monday, February 8, 2009.

RULE CAPTION

Provides specific, limited exemptions for educational facilities in supervising employed Speech-Language Pathology Assistants.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND:

OAR 335-095-0050

SUSPEND:

None.

Stat. Auth.: ORS 681.360, 681.370, 681.375, 681.420 & 681.460

Other Auth.:

Stats. Implemented: ORS 681.360, 681.370 & 681.375

RULE SUMMARY

Where there are severe shortages of licensed personnel and requirements for Direct Supervision of Speech-Language Pathology Assistants by licensed Speech-Language Pathologists cannot reasonably be met, this rule provides a mechanism for educational facilities (School Districts or Educational Service Districts) to apply for a one year exemption from required Direct Supervision as defined in OAR 335-095-0010. Specifically, during the exemption period granted by the Board, an educational facility may:

- (a) Use the review and evaluation of audio- or video-taped records or live audio- or video-conferencing of clinical interactions, or a combination thereof, to provide a portion of the required Direct Supervision hours, up to a maximum of 75% of the required Direct Supervision hours.
- (b) Allow a licensed Speech-Language Pathologist to supervise up to four full-time equivalent certified Speech-Language Pathology Assistants.

Any exemption granted under this rule will expire on July 31st of the year in which it is granted. An exemption shall only be granted for a maximum of two years out of each consecutive five year period.

Authorized Signer Printed name Date

^{*}With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules.

ARC 940-2005