

	11-031 (Order 165B), recodified as § 246-828-130, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-160, filed 7/3/84; Order PL 159, § 308-50-160, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.		828-230, filed 5/8/91, effective 6/8/91; WSR 85-05-020 (Order PL 518), § 308-50-270, filed 2/13/85; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-270, filed 7/3/84; Order PL 159, § 308-50-270, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-140	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Character of business, etc. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-140, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-170, filed 7/3/84; Order PL 159, § 308-50-170, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-240	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Tests, acceptance or approval. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-240, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-280, filed 7/3/84; Order PL 159, § 308-50-280, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-150	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of physician. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-150, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-180, filed 7/3/84; Order PL 159, § 308-50-180, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-250	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use, imitation or simulation of trademarks, etc. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-250, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-290, filed 7/3/84; Order PL 159, § 308-50-290, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-160	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of words "prescription," "diagnosis," etc. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-160, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-190, filed 7/3/84; Order PL 261, § 308-50-190, filed 12/21/76; Order PL 190, § 308-50-190, filed 5/23/75; Order PL 159, § 308-50-190, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-260	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Defamation of competitors or false disparagement of their products. [Statutory Authority: RCW 18.35.161. WSR 91-11-032 (Order 166B), § 246-828-260, filed 5/8/91, effective 6/8/91; WSR 91-11-031 (Order 165B), recodified as § 246-828-260, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-295, filed 7/3/84; Order PL 190, § 308-50-295, filed 5/23/75.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-170	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to visibility, construction, etc. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-170, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-200, filed 7/3/84; Order PL 159, § 308-50-200, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-280	Documentation of referrals. [Statutory Authority: RCW 18.35.161. WSR 98-06-079, § 246-828-280, filed 3/3/98, effective 4/3/98; WSR 91-11-031 (Order 165B), recodified as § 246-828-280, filed 5/8/91, effective 6/8/91; WSR 85-10-024 (Order PL 526), § 308-50-320, filed 4/24/85; Order PL 159, § 308-50-320, filed 2/8/74.] Repealed by WSR 99-20-063, filed 10/1/99, effective 11/1/99. Statutory Authority: RCW 18.35.161.
246-828-180	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to batteries. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-180, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-210, filed 7/3/84; Order PL 159, § 308-50-210, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-310	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or other material facts during telephone solicitations. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-310, filed 5/8/91, effective 6/8/91; WSR 85-05-020 (Order PL 518), § 308-50-380, filed 2/13/85.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-190	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception representing novelty of products. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-190, filed 5/8/91, effective 6/8/91; WSR 84-14-100 (Order PL 469), § 308-50-220, filed 7/3/84; Order PL 159, § 308-50-220, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-340	Surety bonding—Security in lieu of bonding. [Statutory Authority: RCW 18.35.161. WSR 98-06-079, § 246-828-340, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161(1). WSR 93-07-010 (Order 340B), § 246-828-340, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-340, filed 5/8/91, effective 6/8/91; WSR 85-10-024 (Order PL 526), § 308-50-410, filed 4/24/85.] Repealed by WSR 99-07-019, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.
246-828-200	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Advertising of parts, accessories or components. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-200, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-240, filed 7/3/84; Order PL 159, § 308-50-240, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-360	Procedure for declaratory ruling. [Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-360, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-360, filed 5/8/91, effective 6/8/91; WSR 86-09-064 (Order PL 586), § 308-50-430, filed 4/17/86.] Repealed by WSR 15-14-092, filed 6/29/15, effective 7/1/15. Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020.
246-828-210	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Endorsements, etc. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-210, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-250, filed 7/3/84; Order PL 159, § 308-50-250, filed 2/8/74.] Repealed by WSR 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.	246-828-400	Temporary practice permits—Scope and purpose. [Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-400, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). WSR 93-07-008 (Order 341B), § 246-828-400, filed 3/5/93, effective 4/5/93.] Repealed by WSR 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.
246-828-230	Unfair or deceptive practices, unethical conduct and unfair methods of competition—Association with the state of Washington. [Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-	246-828-410	Definitions. [Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-410, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161 (3). WSR 93-07-008 (Order 341B), § 246-828-410, filed

- 3/5/93, effective 4/5/93.] Repealed by WSR 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.
- 246-828-420 Issuance of temporary practice permits. [Statutory Authority: RCW 18.35.161(3). WSR 93-07-008 (Order 341B), § 246-828-420, filed 3/5/93, effective 4/5/93.] Repealed by WSR 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.
- 246-828-430 Duration of temporary practice permits. [Statutory Authority: RCW 18.35.161(3). WSR 93-07-008 (Order 341B), § 246-828-430, filed 3/5/93, effective 4/5/93.] Repealed by WSR 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.
- 246-828-500 Citation and purpose. [Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-500, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-500, filed 3/5/93, effective 4/5/93.] Repealed by WSR 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090.
- 246-828-520 Effective date of requirement. [Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-520, filed 3/5/93, effective 4/5/93.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-828-530 Exceptions for continuing education. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-530, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-530, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-530, filed 3/5/93, effective 4/5/93.] Repealed by WSR 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090.
- 246-828-540 Qualification of program for continuing education credit. [Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-540, filed 3/5/93, effective 4/5/93.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-828-550 Programs approved by the board of hearing and speech. [Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-550, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-550, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-550, filed 3/5/93, effective 4/5/93.] Repealed by WSR 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090.
- 246-828-560 Certification of compliance. [Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-560, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-560, filed 3/5/93, effective 4/5/93.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-828-605 Site review procedures for initial and continuing approval of program for two-year degree in hearing instrument fitter/dispenser instruction. [Statutory Authority: RCW 18.35.040 and 18.35.161. WSR 06-10-025, § 246-828-605, filed 4/26/06, effective 5/27/06.] Repealed by WSR 15-14-092, filed 6/29/15, effective 7/1/15. Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020.

WAC 246-828-020 Examinations. (1) All hearing aid specialist credential applicants are required to take the written International Licensing Exam developed by the International Hearing Society or other entity approved by the board. Applicants must obtain a passing score as recommended by the examination administrator and as approved by the board.

(2) Hearing aid specialist credential applicants who have completed a board-approved nine-month certificate program are required to take the practical examination approved by the board. Applicants must obtain a passing score as recommended by the examination administrator and as approved by the board.

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(3) Audiology credential applicants are required to take the Praxis audiology exam or other entity approved by the board. Applicants must obtain a passing score as recommended by the examination administrator and as approved by the board.

(4) Speech-language pathologist credential applicants are required to take the Praxis speech-language pathology exam or other entity approved by the board. Applicants must obtain a passing score as recommended by the examination administrator and as approved by the board.

(5) All credential applicants are required to take and pass a jurisprudence examination approved by the board. The passing score on the jurisprudence examination is one hundred percent.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-020, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 03-21-114, § 246-828-020, filed 10/20/03, effective 11/20/03. Statutory Authority: RCW 18.35.040 and 18.35.161. WSR 98-13-110, § 246-828-020, filed 6/17/98, effective 7/18/98. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-020, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 18.35.161(4). WSR 89-08-096 (Order PM 828), § 308-50-010, filed 4/5/89. Statutory Authority: RCW 18.35.161(3). WSR 87-14-030 (Order PM 654), § 308-50-010, filed 6/26/87. Statutory Authority: RCW 18.35.161. WSR 84-08-062 (Order PL 463), § 308-50-010, filed 4/4/84; Order PL 190, § 308-50-010, filed 5/23/75; Order PL 159, § 308-50-010, filed 2/8/74.]

WAC 246-828-025 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates otherwise.

(1) "Board-approved institution of higher education" means:

(a) An institution offering a program in audiology or speech-language pathology leading to a master's degree or its equivalent, or a doctorate degree or its equivalent, that has been accredited by the council on academic accreditation in audiology and speech-language pathology, or an equivalent program.

(b) An institution offering a speech-language pathology assistant program or a speech, language, and hearing program approved by the state board for community and technical colleges, the higher education coordinating board, or an equivalent body from another state or province. This program must lead to an associate of arts or sciences degree, certificate of proficiency, or bachelor of arts or sciences degree.

(c) A board-approved institution must integrate instruction in multicultural health as part of its basic education preparation curriculum under RCW 43.70.615.

(2) "Direct supervision" means the supervisor is on-site and in view during the procedures or tasks.

(3) "Indirect supervision" means the procedures or tasks are performed under the supervising speech-language pathologist's, audiologist's, or hearing aid specialist's overall direction and control and the supervisor is accessible, but the supervisor's presence is not required during the performance of procedures or tasks.

(4) "Place or places of business" means a permanent address open to the public, which may include an "establishment" as defined in RCW 18.35.010(6), where a licensee engages in the fitting and dispensing of hearing instruments.

(5) "Postgraduate professional work experience" means a supervised full-time professional experience, or the part-time equivalent, as defined in these rules, involving direct

patient or client contact, consultations, recordkeeping, and administrative duties relevant to a bona fide program of clinical work.

(a) "Full-time professional experience" means at least 30 hours per week over 36 weeks. Postgraduate professional work experience must be obtained over a period of at least 36 weeks. Applicants who obtain an Au.D. at a board-approved institution of higher education are considered to have met the postgraduate professional work experience requirement.

(b) "Part-time equivalent" means any of the following:

- (i) 15-19 hours per week over 72 weeks;
- (ii) 20-24 hours per week over 60 weeks;
- (iii) 25-29 hours per week over 48 weeks.

(6) "Purchaser" or "buyer" means a patient, client, or legally authorized representative.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-025, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-025, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 18.35.161. WSR 06-19-109, § 246-828-025, filed 9/20/06, effective 10/21/06. Statutory Authority: RCW 18.35.040(2) and 18.35.161. WSR 98-13-109, § 246-828-025, filed 6/17/98, effective 7/18/98.]

WAC 246-828-040 Examination review and appeal procedures—Hearing aid specialist. (1) Any applicant who does not pass the examination may request an informal review by the board of the examination results. This request must be in writing and must be received by the department within thirty days of the date the examination results were transmitted to the applicant.

(2) The procedure for the informal review is as follows:

(a) An applicant submitting a written request for an informal review by the deadline described in subsection (1) of this section will be contacted by the department to arrange an appointment to appear in person at a time and place determined by the department to review the examination.

(b) The applicant will be provided a form to complete in defense of the applicant's examination answers at the time of the examination review.

(c) The applicant will be identified only by applicant number for the purpose of this procedure. Letters of reference or requests for special consideration will not be read or considered by the board.

(d) The applicant may bring textbooks or published material for use in completing the informal review, but such material must be retained by the department until the board has completed the informal review.

(e) The applicant will not be allowed to take any notes or materials from the review location.

(f) The information submitted to the board for its consideration in the informal review must state the specific reason or reasons why the results of the examination should be changed. The board will not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The board will not consider a challenge to the examination unless the total revised score including the questions or sections to be reviewed could result in a passing score in the examination.

(g) The board will schedule a closed session meeting to conduct the informal review of the material submitted by the applicant.

(h) The applicant will be notified in writing of the results of the informal review.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-040, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-040, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-040, filed 5/8/91, effective 6/8/91; WSR 89-14-007 (Order PM 848), § 308-50-035, filed 6/22/89; WSR 89-04-017 (Order PM 818), § 308-50-035, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). WSR 87-14-030 (Order PM 654), § 308-50-035, filed 6/26/87.]

WAC 246-828-045 Interim permit—Audiologist and speech-language pathologist. (1) The department will issue an interim permit to any audiologist or speech-language pathologist applicant who has shown to the satisfaction of the department that the applicant:

(a) Has completed the academic course work and clinical practicum as required in RCW 18.35.040.

(b) Is supervised by a speech-language pathologist or audiologist who is licensed and in good standing under chapter 18.35 RCW unless otherwise approved by the board.

(c) Has paid the application and permit fee as required by WAC 246-828-990.

(2) The interim permit must contain the name and title of the supervisor licensed under chapter 18.35 RCW.

(3) The interim permit expires one year from the date it is issued. The board may extend the interim permit an additional twenty-four months to accommodate part-time postgraduate professional work experience or upon request of the interim permit holder due to illness or extenuating circumstances.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-045, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 06-19-109, § 246-828-045, filed 9/20/06, effective 10/21/06; WSR 04-02-068, § 246-828-045, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161(3) and 18.35.060(6). WSR 99-08-102, § 246-828-045, filed 4/6/99, effective 5/7/99.]

WAC 246-828-04503 Postgraduate professional work experience—Audiologist and speech-language pathologist. (1) The interim permit period must consist of at least thirty-six weeks of full-time postgraduate professional work experience or its part-time equivalent.

(a) Postgraduate professional work experience of less than fifteen hours per week does not meet the requirement and may not be counted toward the postgraduate professional work experience. Experience of more than thirty hours per week may not be used to shorten the postgraduate professional work experience to less than thirty-six weeks.

(b) The supervisor must submit to the department, on a form provided by the department, documentation of supervision and progress during the postgraduate professional work experience, at the end of each three-month period.

(2) The supervisor must cosign all purchase agreements in the fitting and dispensing of hearing instruments.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-04503, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 06-19-109, § 246-828-04503, filed 9/20/06, effective 10/21/06.]

WAC 246-828-04505 Supervisor delegation for audiologist and speech-language pathologist interim permit

holders. (1) The supervisor may delegate portions of the supervisory activities to another qualified supervisor of the same discipline in another facility. Before delegating supervision responsibility the supervisor must obtain department approval.

(2) The department may approve a qualified supervisor upon the written request of the supervisor or the interim permit holder.

(3) The supervisor of an interim permit holder who desires to terminate the responsibility as supervisor must immediately notify the department in writing of the termination. The supervisor is responsible for the interim permit holder until the notification of termination is received by the department.

(4) The interim permit holder must immediately report the termination of a supervisor to the department in writing. The interim permit holder may only practice with an approved supervisor.

(5) An audiologist or speech-language pathologist licensed and in good standing under chapter 18.35 RCW may supervise up to four interim permit holders concurrently.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-04505, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, § 246-828-04505, filed 9/20/06, effective 10/21/06.]

WAC 246-828-075 Supervisors of students. (1) Students enrolled in a board approved program may perform hearing aid specialist, audiologist, speech-language pathologist, or speech-language pathology assistant duties in the course of their training under supervision.

(a) A speech-language pathology student must be supervised by a speech-language pathologist licensed and in good standing under chapter 18.35 RCW.

(b) An audiologist student must be supervised by an audiologist licensed in good standing under chapter 18.35 RCW.

(c) A hearing aid specialist student must be supervised by a hearing aid specialist or an audiologist licensed and in good standing under chapter 18.35 RCW who has practiced for at least thirty-six of the last forty-eight months immediately preceding the beginning of supervision.

(2) Students may only perform those activities within the scope of practice for which they are adequately trained.

(3) The student must at all times wear an identification badge readily visible to the public that identifies him or her as a student.

(4) The licensee who is supervising hearing aid specialist students must cosign all purchase agreements for the sale of hearing instruments. A supervisor may only be in a supervisor/supervisee relationship with a maximum of three students at a time.

(5) The licensee who is supervising speech-language pathology or audiology students may include simultaneous observations with the student or the submission of written reports or summaries by the student for supervisor monitoring, review and approval. At least fifty percent of each student's time in each diagnostic evaluation, including screening and identification, must be observed directly by a supervisor. The observations may take place on site or by closed-circuit television.

(3/17/16)

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-075, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-075, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 18.35.161. WSR 06-19-109, § 246-828-075, filed 9/20/06, effective 10/21/06; WSR 04-02-068, § 246-828-075, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-075, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017 § 246-828-075, filed 9/7/95, effective 10/8/95.]

WAC 246-828-080 Minimum standards of equipment. Minimum equipment in the fitting and dispensing of hearing instruments must include:

(1) Access to a selection of hearing instrument models, and hearing instrument supplies and services sufficiently complete to accommodate the various patient or client needs.

(2) Facilities for the personal comfort of customers.

(3) A test environment with background noise no greater than current American National Standards Institute (ANSI) specifications (S3.6-1996) plus 15 decibels (dB). When non-standard environments must be used, appropriate procedures must be employed and documented.

(4) Pure tone audiometer calibrated in accordance with WAC 246-828-090.

(5) Equipment appropriate for conducting speech audiometry (testing).

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-080, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 98-06-079, § 246-828-080, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-080, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-080, filed 5/8/91, effective 6/8/91; WSR 84-19-019 (Order PL 479), § 308-50-110, filed 9/12/84; Order PL 159, § 308-50-110, filed 2/8/74.]

WAC 246-828-090 Standards for equipment calibration. (1) All electronic equipment utilized by licensees for the determination of audiometric thresholds for pure tones and for speech must conform to all current standards of the American National Standards Institute (ANSI). Licensees must confirm that all such audiometric equipment has been evaluated electrically and acoustically at least once each year, adjusted or repaired if necessary, and that conformity with ANSI standards was determined at that time. Licensees must maintain calibration records permanently and make the records available for inspection by the department at any time. No licensee may certify the calibration of his or her own equipment unless authorized to do so by the department. In addition, all licensees must use routine procedures for the daily inspection of audiometric equipment, or prior to use if used less often than on a daily basis, to generally determine that it is in normal working order.

(2) Hearing instruments, assistive listening devices, and electronic equipment used for assessment or monitoring of auditory and vestibular function must be maintained according to manufacturer's specifications.

(3) All instrumental technology used to diagnose or treat disorders of communication, swallowing, and hearing must be maintained in proper working order and be properly calibrated according to manufacturer's specifications.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-090, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-090, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-090, filed 3/3/98, effective 4/3/98.]

tive 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017 § 246-828-090, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-090, filed 5/8/91, effective 6/8/91; WSR 84-08-062 (Order PL 463), § 308-50-120, filed 4/4/84; Order PL 159, § 308-50-120, filed 2/8/74.]

WAC 246-828-095 Audiology minimum standards of practice. Licensed audiologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habilitation and rehabilitation, and prevention of auditory and vestibular impairments.

Audiologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Audiologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice, and other settings in which audiological services are relevant. Audiologists provide services to individuals of all ages.

Audiologists may engage in and supervise only those aspects of the profession that are within the scope of their education, training, and experience.

Standard procedures for providing audiology services may include one or more of the following:

- (1) Case history including:
 - (a) Documentation of referrals.
 - (b) Historical review of the nature, onset, progression and stability of the hearing problem, and associated otic and vestibular symptoms.
 - (c) Review of communication difficulties.
 - (d) Review of medical, pharmacology, vocational, social, and family history pertinent to the etiology, assessment, and management of the underlying hearing disorder.
- (2) Physical examination of the external ear including:
 - (a) Otoscopic examination of the external auditory canal to detect:
 - (i) Congenital or traumatic abnormalities of the external canal or tympanic membrane.
 - (ii) Inflammation or irritation of the external canal or tympanic membrane.
 - (iii) Perforation of the tympanic membrane or discharge from the external canal.
 - (iv) A foreign body or impacted cerumen in the external canal.
 - (b) Cerumen management to clean the external canal and to remove excess cerumen for the preservation of hearing.
 - (c) Referral for otologic evaluation and treatment when necessary.
- (3) Identification of audiometry:
 - (a) Hearing screening administered as needed, requested, or mandated for those persons who may be identified as at risk for hearing impairment.
 - (b) Referral of persons who fail the screening for rescreening, audiologic assessment, or for medical or other examination and services.
 - (c) Audiologists may perform speech and language screening measures for initial identification and referral.
 - (4) Assessment of auditory function including:
 - (a) The administration of behavioral and objective measures of the peripheral and central auditory system to determine the presence, degree, and nature of hearing loss or central auditory impairment, the effect of the hearing impairment on communication, and the site of the lesion within the audi-

tory system. Assessment may also include procedures to detect and quantify nonorganic hearing loss.

(i) When traditional audiometric techniques cannot be employed as in infants, children, or multiple impaired patients or clients, developmentally appropriate behavioral and objective measures may be employed.

(ii) Assessment and intervention of central auditory processing disorders in which there is evidence of communication disorders may be provided in collaboration with other professionals.

(b) Interpretation of measurement recommendations for habilitative or rehabilitative management or referral for further evaluation and the counseling of the patient or client and family.

(5) Assessment of vestibular function including administration and interpretation of behavioral and objective measures of equilibrium to detect pathology within the vestibular system, to determine the site of lesion, to monitor changes in balance, and to determine the contribution of visual, vestibular, and proprioceptive systems to balance.

(6) Habilitation and rehabilitation of auditory and vestibular disorders including:

- (a) Aural rehabilitation therapy.
- (b) Fitting and dispensing of hearing instruments and assistive listening devices.

(c) Habilitative and rehabilitative nonmedical management of disorders of equilibrium.

(7) Industrial and community hearing conservation programs.

(8) Intraoperative neurophysiologic monitoring.

(9) Standardized and nonstandardized procedures may be employed for assessment and habilitation or rehabilitation of auditory and vestibular disorders. When standardized procedures are employed they must be conducted according to the standardized procedure or exception documented. Non-standardized measures must be conducted according to established principles and procedures of the profession.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-095, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-095, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161 (3) and (10). WSR 98-14-055, § 246-828-095, filed 6/26/98, effective 7/27/98.]

WAC 246-828-100 Hearing instrument fitting and dispensing—Minimum standards of practice. Minimum procedures in the fitting and dispensing of hearing instruments include:

- (1) Obtaining case history including:
 - (a) Documentation of referrals.
 - (b) Historical evaluation including inquiry regarding hearing loss, onset of loss, and any associated symptoms including significant noise in the ears, vertigo, acute or chronic dizziness, nausea, earaches, or other such discomfort which may indicate the presence of medical illness. Specific inquiry should be made to determine if hearing loss has been sudden or rapidly progressive in the past ninety days, if there has been any active drainage or infection in ears during the past ninety days, and if there are any specific physical problems that may relate to the use of a hearing instrument.

(2) Examining the ears to reasonably determine if any of the following conditions exist:

- (a) Impacted ear wax.
- (b) Foreign body within the ear canal.
- (c) Discharge in the ear canal.
- (d) Presence of inflammation or irritation of the ear canal.

- (e) Perforation of the ear drum.
- (f) Any other abnormality.

(3) Hearing testing to include the following:

(a) Hearing loss, or residual hearing, must be established for each ear using pure tone threshold audiometry by air and bone conduction with effective masking as required.

(b) Appropriate live voice or recorded speech audiometry by ear phones to determine the following: Speech reception threshold, most comfortable level, uncomfortable level, and word recognition score.

(c) Hearing testing must be conducted in compliance with WAC 246-828-080 and 246-828-090.

(d) When pure tone audiometry indicates an air-bone gap of 15 decibels (dB) or more at 500, 1000, and 2000 hertz (Hz); the presence of unilateral hearing loss; or any inconsistent audiometric findings, the patient or client must be advised of the potential help available through medical treatment. If the patient or client declines medical treatment, has been appropriately treated previously, or has been advised against medical treatment, the licensee must make an appropriate notation in the patient's or client's record.

(e) In the event a patient or client is referred to a licensee by an audiologist, otologist, otolaryngologist, or by a hearing aid specialist licensed under chapter 18.35 RCW, and the audiometric results obtained within the previous six months are provided to the licensee as a part of this referral, the applicable provisions of WAC 246-828-100 are not required. However, a confirmatory audiometric examination is recommended.

(4) Medical evaluation requirements:

(a) Except as provided in (b) of this subsection, a hearing aid specialist or audiologist may not sell a hearing instrument unless the prospective patient or client has presented a written statement signed by a licensed physician that states that the patient's or client's hearing loss has been medically evaluated and the patient or client may be considered a candidate for a hearing instrument. The medical evaluation must have taken place within the preceding six months.

(b) If the prospective patient or client is eighteen years of age or older, the hearing aid specialist or audiologist may afford the prospective patient or client an opportunity to waive the medical evaluation requirements of (a) of this subsection if the hearing aid specialist or audiologist:

(i) Informs the prospective patient or client that the exercise of the waiver is not in the patient or client's best health interest;

(ii) Does not in any way actively encourage the prospective patient or client to waive the medical evaluation;

(iii) Offers the prospective patient or client the opportunity to sign the following statement:

I have been advised by (hearing aid specialist or audiologist name) the Food and Drug Administration has determined that my best health interest would be served if I had a

medical evaluation before purchasing a hearing instrument; and

(iv) Provides the prospective patient or client with a copy of the signed waiver statement.

(5) Selection and fitting of the hearing instrument includes providing the patient or client:

(a) Information regarding the selection of the most appropriate method and model for amplification for the needs of the patient or client.

(b) The cost of the recommended instruments and services.

(c) A custom made ear mold, when applicable.

(d) Final fitting of the hearing instrument to ensure physical and operational comfort.

(e) Adequate instructions and appropriate post-fitting adjustments to ensure the most successful use of the hearing instrument.

(6) Keeping records for every patient or client in connection with the dispensing of a hearing instrument. Cumulative records must be retained for all hearing instruments dispensed for at least three years from the date the last hearing instrument was dispensed to the patient or client. The records must be available for the department inspection and must include:

(a) Patient's or client's case history.

(b) Source of referral and documents.

(c) Medical clearance for the hearing instrument patient or client or the waiver set forth in subsection (4)(b)(iii) of this section which has been signed after being fully informed that it is in the best health interest to seek medical evaluation.

(d) Copies of any contracts and receipts executed in connection with the fitting and dispensing of each hearing instrument provided.

(e) A complete record of tests, test results, and services provided.

(f) All correspondence specifically related to the service given or the hearing instrument(s) dispensed to the patient or client.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-100, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-100, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-100, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017 § 246-828-100, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-100, filed 5/8/91, effective 6/8/91; WSR 89-04-017 (Order PM 818), § 308-50-130, filed 1/23/89; WSR 84-19-018 (Order PL 478), § 308-50-130, filed 9/12/84; Order PL 159, § 308-50-130, filed 2/8/74.]

WAC 246-828-105 Speech-language pathology—Minimum standards of practice. Licensed speech-language pathologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habilitation and rehabilitation, of communication disorders and dysphagia. Speech-language pathologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Speech-language pathologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice, and other settings in which speech-language pathology services are relevant. Speech-language pathologists provide services to individuals of all ages.

Services may be provided and products dispensed only when benefit can reasonably be expected. All services provided and products dispensed must be evaluated for effectiveness. A licensed speech-language pathologist must engage in and supervise only those aspects of the profession that are within the scope of their education, training, and experience. Speech-language pathologists must provide services appropriate to each individual in his or her care, which may include one or more of the following standard procedures:

- (1) Case history, including:
 - (a) Documentation of referrals.
 - (b) Review of communication, cognitive, or swallowing problems.
 - (c) Review of pertinent medical, pharmacological, social, and educational status.
- (2) Examination of the oral mechanism for the purposes of determining adequacy for speech communication and swallowing.
- (3) Screening to include: Speech and language.
 - (a) Hearing screening, limited to pure-tone air conduction and screening tympanometry.
 - (b) Swallowing screening. Children under the age of three years who are considered at risk are assessed, not screened;
- (4) Assessment may include the following:
 - (a) Language may include parameters of phonology, morphology, syntax, semantics, and pragmatics; and include receptive and expressive communication in oral, written, graphic, and manual modalities;
 - (b) Speech may include articulation, fluency, and voice (including respiration, phonation, and resonance). Treatment must address appropriate areas;
 - (c) Swallowing;
 - (d) Cognitive aspects of communication may include communication disability and other functional disabilities associated with cognitive impairment;
 - (e) Central auditory processing disorders in collaboration with other qualified professionals;
 - (f) Social aspects of communication may include challenging behaviors, ineffective social skills, and lack of communication opportunities;
 - (g) Augmentative and alternative communication include the development of techniques and strategies that include selecting and dispensing of aids and devices (excluding hearing instruments) and providing training to individuals, their families, and other communication partners in their use.
- (5) Habilitation and rehabilitation of communication and swallowing including:
 - (a) Treatment of speech disorders including articulation, fluency, and voice.
 - (b) Treatment of language disorders including phonology, morphology, syntax, semantics, and pragmatics, including receptive and expressive communication in oral, written, graphic, and manual modalities.
 - (c) Treatment of swallowing disorders.
 - (d) Treatment of the cognitive aspects of communication.

(e) Treatment of central auditory processing disorders in which there is evidence of speech, language, or other cognitive communication disorders.

(f) Treatment of individuals with hearing loss, including aural rehabilitation and related counseling.

(g) Treatment of social aspects of communication, including challenging behaviors, ineffective social skills, and lack of communication opportunities.

(6) All services must be provided with referral to other qualified resources when appropriate.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-105, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-105, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161 (3) and (10). WSR 99-19-058, § 246-828-105, filed 9/15/99, effective 10/16/99; WSR 98-14-055, § 246-828-105, filed 6/26/98, effective 7/27/98.]

WAC 246-828-112 Speech-language pathology assistants—Minimum standards of practice. (1) "Supervising speech-language pathologist" means a licensed speech-language pathologist or speech-language pathologist certified as an educational staff associate by the superintendent of public instruction.

(2) A speech-language pathology assistant may only perform procedures or tasks delegated by the speech-language pathologist and must maintain patient/client/student confidentiality as directed by the speech-language pathologist.

(3) Speech-language pathology assistants may not represent themselves as speech-language pathologists.

(4) The speech-language pathology assistant must be supervised by the speech-language pathologist while performing procedures or tasks listed in subsections (5) and (6) of this section.

(5) The following procedures or tasks may only be performed under direct supervision and at the speech-language pathologist's discretion:

(a) Participating during parent conferences, case conferences, or interdisciplinary team meetings with the speech-language pathologist present.

(b) Assisting the speech-language pathologist during evaluations and assessments of patients/clients/students.

(6) The following procedures or tasks may be performed under direct or indirect supervision at the discretion of the supervising speech-language pathologist:

(a) Perform speech-language and hearing screenings for the speech-language pathologist. The speech-language pathology assistant may not interpret the results.

(b) Document patient/client/student performance (such as data, charts, graphs, progress notes, and treatment notes) and report this information to the speech-language pathologist.

(c) Implement treatment plans and protocols including individualized education programs (IEP) or individualized family service plans (IFSP) developed by the speech-language pathologist. These plans, programs, and protocols may include speech, language, augmentative and alternative communication (AAC), assistive technology (AT), and oral-motor therapies.

(d) Perform clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist.

(e) Check and maintain equipment as directed by the speech-language pathologist.

(f) Sign treatment notes, progress notes, and other paperwork as directed by the speech-language pathologist.

(7) The following procedures and tasks are excluded from the speech-language pathology assistant scope of practice:

(a) Tasks that require diagnosis, evaluation, or clinical interpretation.

(b) Screening and diagnosis of feeding and swallowing disorders.

(c) Development or modification of treatment plans.

(d) Implementation of therapy outside of the treatment plan.

(e) Selection of caseload.

(f) Discharge or exit patients/clients/students.

(g) Referral of patients/clients/students for additional services.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-112, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-112, filed 7/20/10, effective 7/26/10.]

WAC 246-828-220 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Used or rebuilt products. (1) A licensee may not represent, directly or indirectly, that any industry product or part thereof is new, unused, or rebuilt, if it is not.

(2) In the marketing of a hearing instrument which has been used, or which contains used parts, a licensee must fully and nondeceptively disclose that the product or its parts are used in all advertising and promotional literature relating to the product, on the container, box or package in which the product is packed or enclosed and, if the product has the appearance of being new, on the product itself. The required disclosure may be made by use of words such as "used," "secondhand," "repaired," or "rebuilt," whichever most accurately describes the product involved.

(3) A licensee may not misrepresent the identity of the rebuilder of a hearing instrument. If the rebuilding of a hearing instrument was done by other than the original manufacturer, a licensee must disclose this fact wherever the original manufacturer is identified.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-220, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-220, filed 1/7/04, effective 2/7/04; WSR 91-11-031 (Order 165B), recodified as § 246-828-220, filed 5/8/91, effective 6/8/91; Readopted by WSR 84-14-100 (Order PL 469), § 308-50-260, filed 7/3/84; Order PL 159, § 308-50-260, filed 2/8/74.]

WAC 246-828-270 Personal disclosure. A licensed audiologist or hearing aid specialist who contacts a patient or client away from the licensee's place of business must:

(1) When the contact is in person, present the prospective patient or client with written notice of:

(a) Licensee's name, business name, business address and telephone number; and

(b) Licensee's department-issued credential number.

(2) When a licensee contacts a patient or client by telephone the licensee must disclose the licensee's name, the

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name and address of the licensee's establishment, and the purpose of call.

(3) When the contact is through a direct mail piece or other advertising initiated by the licensee, the material must clearly show the licensee's establishment name and establishment address. If in-person or telephone contact is made as a result of the direct mail or other advertising, the prospective patient or client must be offered the licensee's establishment phone number.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-270, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-270, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-270, filed 3/3/98, effective 4/3/98; WSR 91-11-032 (Order 166B), § 246-828-270, filed 5/8/91, effective 6/8/91; WSR 91-11-031 (Order 165B), recodified as § 246-828-270, filed 5/8/91, effective 6/8/91; WSR 85-23-065 (Order PL 563), § 308-50-310, filed 11/19/85; Order PL 159, § 308-50-310, filed 2/8/74.]

WAC 246-828-290 Purchaser rescission rights. In addition to the receipt and disclosure information required by RCW 18.35.030, 18.35.185, 63.14.040 and 63.14.120, every retail agreement for the sale of hearing instruments must contain or have attached the following notice to buyer in twelve point font or larger. The language in part 1 under "Notice to Buyer" is intended to have the same legal effect as the notices required in RCW 63.14.040(2) and 63.14.120(3) and may be substituted for those notices.

The rights summarized in the "Notice to Buyer" must be made known to the purchaser before the contract is executed. The licensee must provide this "Notice to Buyer" in writing to the purchaser. The purchaser must acknowledge receipt of the "Notice to Buyer" by signing his or her name in the designated space following the "Notice to Buyer."

Notice to Buyer

Do not sign this agreement before you read it or if any spaces intended for the agreed terms are blank.

You are entitled to receive a copy of this agreement at the time you sign it.

The seller's business address must be shown on the agreement.

Section 1 CANCELLATION - WITHIN THREE DAYS

You may cancel this agreement within three days, without explaining your reasons, if the seller solicited it in person and you signed it at a place other than the seller's business address.

To cancel this agreement without explaining your reasons, you must notify the seller in writing that you are cancelling the agreement. You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be postmarked or delivered by midnight of the third business day after you signed this agreement.

Any merchandise you received under this agreement must be in its original condition. You must return it to the seller's business address or make it available to the seller at the same place it was delivered to you.

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement.

You will incur no additional liability for canceling the agreement.

Section 2 RESCISSION - WITHIN THIRTY DAYS

You may rescind (or terminate) the agreement within thirty days, for reasonable cause. This thirty-day period is called the "rescission period."

To rescind this agreement, you must notify the seller in writing that you are rescinding the agreement for reasonable cause pursuant to RCW 18.35.185(1). (Reasonable cause does not include cosmetic concerns or a mere change of mind.) You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be postmarked or delivered by midnight of the thirtieth day after delivery of the hearing instrument.

Any merchandise you received under this agreement must be in its original condition, except for normal wear and tear. You must return it to the seller's business address or make it available to the seller at the same place it was delivered to you.

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. However, for each hearing instrument you return, the seller may keep either one hundred fifty dollars or fifteen percent of the total purchase price, whichever is less, plus the price originally charged for custom-made earmolds.

The seller must refund your money and return your traded goods, or have them postmarked and in the mail to you, within ten business days after receiving your notice of rescission.

You will incur no additional liability for rescinding the agreement.

Section 3 EXTENSION OF RESCISSION PERIOD

If you notify the seller within the thirty-day rescission period that your hearing instrument has developed a problem that constitutes reasonable cause to rescind the agreement or that prevents you from evaluating your hearing instrument, the seller must extend the rescission period. The rescission period stops running on the date you notify the seller of the problem and starts running again on the date the seller notifies you that your hearing instrument is ready for redelivery.

You and the seller may agree to a rescission period longer than thirty days.

Whenever the rescission period is extended, the seller must provide you written notice of the last date upon which you may demand a refund and return of traded goods.

_____	_____
Signature of Purchaser	Date
_____	_____
Signature of Seller	Date

_____	_____
Delivery Acknowledgment - Signature of Purchaser	Date

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-290, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-290, filed 1/7/04, effective 2/7/04; WSR 02-14-052, § 246-828-290, filed 6/27/02, effective 7/28/02. Statutory Authority: RCW 18.35.161 and 18.35.185(2). WSR 99-08-103, § 246-828-290, filed 4/6/99, effective 7/5/99. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-290, filed 5/8/91, effective 6/8/91; WSR 86-09-064 (Order PL 586), § 308-50-330, filed 4/17/86; Order PL 190, § 308-50-330, filed 5/23/75; Order PL 159, § 308-50-330, filed 2/8/74.]

WAC 246-828-295 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-295, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-295, filed 9/7/95, effective 10/8/95.]

WAC 246-828-300 Expired license or certification.

(1) If the license or certification has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license or certification has expired for over three years, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license or certification has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.35.050;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-300, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-300, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-300, filed 5/8/91, effective 6/8/91; WSR 89-04-017 (Order PM 818), § 308-50-350, filed 1/23/89. Statutory Authority: 1983 c 39 § 7. WSR 83-23-056 (Order PL 447), § 308-50-350, filed 11/15/83.]

WAC 246-828-305 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing or certification. Individuals who satisfy all other licensing or certification requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license or certification to practice as a speech-language pathologist, speech-language pathology assistant, audiologist, or hearing aid special-

ist in another state that has substantially equivalent licensing or certification standards to those in Washington state;

(b) Is not subject to denial of a license or certification or issuance of a conditional or restricted license or certification; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice under this chapter.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license or certification is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license or certification.

(b) Meet all requirements and qualifications for the license or certification, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license or certification to practice as a speech-language pathologist, speech-language pathology assistant, audiologist, or hearing aid specialist from another state that has substantially equivalent licensing or certification standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-305, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, 18.130.064, and 18.130.075. WSR 10-16-116, § 246-828-305, filed 8/2/10, effective 9/2/10.]

WAC 246-828-315 Temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or practice standards for the profession. The board adopts the procedural rules as adopted by the department of health in WAC 246-12-051.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-315, filed 6/29/15, effective 7/1/15.]

WAC 246-828-320 Minimum standards for fitting and dispensing locations. (1) The hours of business of each hearing instrument establishment must be prominently displayed and visible to the public at each regular place or places of business owned or operated by that establishment.

(2) Any regular place or places of business or any activities resulting from these locations must meet the minimum standards for facilities and equipment essential for the testing of hearing and the fitting and dispensing of hearing instruments required in WAC 246-828-080 and 246-828-090.

(3/17/16)

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-320, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-320, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-320, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017 § 246-828-320, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-320, filed 5/8/91, effective 6/8/91; WSR 85-10-024 (Order PL 526), § 308-50-390, filed 4/24/85.]

WAC 246-828-330 Notice of availability and location of follow-up services. Every licensee must provide to a hearing instrument purchaser, in writing prior to the signing of the contract, notice of availability of services. The notice must include the specific location of the follow-up service, including date and time if applicable.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-330, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-330, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-330, filed 3/3/98, effective 4/3/98; WSR 91-11-031 (Order 165B), recodified as § 246-828-330, filed 5/8/91, effective 6/8/91; WSR 85-10-024 (Order PL 526), § 308-50-400, filed 4/24/85.]

WAC 246-828-350 Reasonable cause for rescission. RCW 18.35.190(2) allows the purchaser of the hearing instrument(s) to rescind the purchase and recover moneys for reasonable cause. The term "reasonable cause" includes:

(1) Any material misstatement of fact or misrepresentation by the licensee regarding the hearing instrument(s) or fitting and dispensing services to be provided which the purchaser relied on or which induced the purchaser into making the agreement;

(2) Failure by the licensee to provide the purchaser with the hearing instrument(s) and fitting and dispensing services which conform to those specified in the purchase agreement between the parties;

(3) Diagnosis of a medical condition unknown to the purchaser at the time of purchase, which precludes the purchaser from using the hearing instrument(s);

(4) Failure by the licensee to remedy a significant material defect of the hearing instrument(s) within a reasonable period of time in accordance with RCW 18.35.190 (2)(c);

(5) The hearing instrument(s) or fitting and dispensing services would not be in accordance with accepted practices of the industry; and

(6) Failure by the licensee to meet any standard of conduct prescribed in the laws regarding the fitting and dispensing of hearing instruments and this failure adversely affects in any way the transaction which the purchaser seeks to rescind.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-350, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-350, filed 1/7/04, effective 2/7/04; WSR 98-06-079, § 246-828-350, filed 3/3/98, effective 4/3/98; WSR 91-11-031 (Order 165B), recodified as § 246-828-350, filed 5/8/91, effective 6/8/91; WSR 89-04-017 (Order PM 818), § 308-50-420, filed 1/23/89; WSR 86-09-064 (Order PL 586), § 308-50-420, filed 4/17/86.]

WAC 246-828-370 HIV/AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Ch. 246-828 WAC p. 11]

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-370, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-370, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-370, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. WSR 91-11-031 (Order 165B), recodified as § 246-828-370, filed 5/8/91, effective 6/8/91. Statutory Authority: 1988 c 206 § 604. WSR 88-23-106 (Order PM 797), § 308-50-500, filed 11/22/88.]

WAC 246-828-510 Continuing education. The purpose of continuing education is to ensure the highest quality professional care. The objectives are to improve and increase the ability of the hearing aid specialist, audiologist, speech-language pathologist, and speech-language pathology assistant to deliver the highest possible quality professional care and keep the professional abreast of current developments.

Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in hearing instrument fitting and dispensing, audiology, and speech-language pathology fields as applied to the work setting.

(1) Continuing education requirement. A credential holder must complete a minimum of thirty hours of continuing education every three years.

(a) At least one hour of the continuing education must be on infection control.

(b) Multicultural education aimed at removing barriers to access to care may count for up to five hours of continuing education.

(c) At least twenty-five hours of continuing education must be related to profession specific skills and competencies.

(2) Continuing education is defined as any of the following activities:

(a) Courses, seminars, workshops and postgraduate programs offered by accredited educational institutions. These educational activities must be recorded on an official transcript or by documentation stating the number of continuing education hours completed.

(b) Courses, seminars and workshops offering continuing clock or continuing educational units offered by profession-related organizations or industries. These activities will be accepted with documentation of the number of continuing education hours completed.

(c) Attendance at a continuing education program having a featured speaker(s) or panel, which has been provided by, sponsored by, or endorsed by a profession-related organization or industry. This activity will be accepted with documentation of the number of continuing education hours completed.

(d) Participation as a speaker or panel member in a continuing education program which has been provided by, sponsored by, or endorsed by a profession-related organization or industry. A maximum of eight hours, including preparation time, may be applied to the total three-year requirement.

(e) Completion of a written, video, internet, or audio continuing education program which has been provided by, sponsored by, or endorsed by a profession-related organization or industry. Only programs in which proof of completion is provided or with tests that are not self-graded will be accepted.

(3) The board may grant an exception for continuing education requirements under certain circumstances including, but not limited to, severe illness. The credential holder must submit a written request for exception to the board for review. The board will approve or deny the request.

(4) A credential holder may be randomly audited for continuing education compliance as specified in chapter 246-12 WAC, Part 7.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-510, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161 and 18.35.090. WSR 07-07-065, § 246-828-510, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-510, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161(3). WSR 93-07-007 (Order 342B), § 246-828-510, filed 3/5/93, effective 4/5/93.]

WAC 246-828-570 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-570, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161(3). WSR 93-17-044, § 246-828-570, filed 8/12/93, effective 9/12/93.]

WAC 246-828-600 Approval of programs for hearing aid specialist instruction. (1) Minimum educational requirements for licensure to practice as a hearing aid specialist in Washington are:

(a) Satisfactory completion of a two-year degree program in hearing aid specialist instruction approved by the board. The board will consider for approval any program which meets the requirements as outlined in this section; or

(b) A two-year or four-year degree in a field of study approved by the board from an accredited institution and satisfactory completion of a nine-month certificate program in hearing aid specialist instruction approved by the board. Two-year and four-year degrees must be completed prior to enrolling in a nine-month certificate program. The board will consider for approval any program which meets the requirements as outlined in this section.

Acceptable prerequisite degrees for entry into nine-month certificate programs are baccalaureate or associate degrees from accredited institutions in any field of study which include five credits each of 100 level or greater English composition, basic math, and humanities.

(2) Procedure for approval of two-year degree programs in hearing aid specialist instruction:

(a) An authorized representative of an institution may apply for approval from the board.

(b) The application for approval must be submitted on forms provided by the department.

(c) The authorized representative of the program may request approval of the program as of the date of the application or retroactively to a specified date.

(d) The program application for approval must include, but may not be limited to, documentation required by the board pertaining to curriculum standards as set in WAC 246-828-615.

(e) A program must be fully recognized by the appropriate accreditation body in that jurisdiction.

(f) The board will evaluate the application and may conduct a site inspection of the program prior to granting approval by the board.

(g) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification of the application.

(h) An authorized representative of an approved program must notify the board of significant changes with respect to information provided on the application within sixty days of change.

(3) Procedure for approval of nine-month certificate programs in hearing aid specialist instruction:

(a) An authorized representative of a program may apply for approval from the board.

(b) The application for approval must be submitted on forms provided by the department.

(c) The authorized representative of the program may request approval of the program as of the date of the application or retroactively to a specified date.

(d) The program application for approval must include, but may not be limited to, documentation required by the board pertaining to curriculum standards as set in WAC 246-828-615.

(e) The board will evaluate the application and may conduct a site inspection of the program prior to granting approval by the board.

(f) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification of the application.

(g) An authorized representative of an approved program must notify the board of significant changes with respect to information provided on the application within sixty days of change.

(4) The board may inspect a currently approved program or a program requesting approval. These inspections may be at any reasonable time during the normal business hours of the program. The board may withdraw its approval if it finds the program has failed to comply with requirements of law, administrative rules, or representations in the application.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-600, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.040 and 18.35.161. WSR 06-10-025, § 246-828-600, filed 4/26/06, effective 5/27/06.]

WAC 246-828-610 Process for denying or rescinding approval of a program for hearing aid specialist instruction. If the board issues a notice of intent to deny an application, rescind approval, or grant conditional approval, the authorized representative of the applicant's program may request a review within thirty days. Failure to request a review will result in the notice of intent becoming a final decision of the board. A program aggrieved by a final decision of the board affecting its approval status may appeal the board's decision in accordance with the provisions of the Administrative Procedure Act, chapter 34.05 RCW, or submit a new application to be considered for review.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-610, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.040 and 18.35.161. WSR 06-10-025, § 246-828-610, filed 4/26/06, effective 5/27/06.]

(3/17/16)

WAC 246-828-615 Standards for hearing aid specialist programs. The curriculum of the program must include the components listed in this section.

(1) The standards in this section are intended as minimum components of a curriculum, and are not intended as an exact description of program curricula. To ensure a graduate or certificate holder is competent and can function on his or her own, the curriculum should be designed to ensure proficiency in all curriculum components through extensive practical work experience in addition to academic instruction. All necessary instruments and laboratories based on industry standards are a prerequisite.

(2) Minimum requirements for two-year degree programs:

(a) **Supervised practicum:** Including hands-on experience with patients.

(i) The supervised practicum must consist of a minimum of five hundred twenty hours.

(ii) Two hundred sixty of the five hundred twenty hours must be directly supervised. The remaining hours may be directly or indirectly supervised.

(b) **English composition:** Written presentations.

(c) **Occupational communications:** Oral presentations, documentation of professional activities.

(d) **Occupational human relations:** Code of professional ethics, interpersonal skills, teamwork.

(e) **Acoustics:** The physics of sound and basic acoustics.

(f) **Hearing instrument sciences:** Basic electronics, circuit designs of hearing instruments, testing methodology of instruments, test standards, familiarity with all major types of instruments on the market, basic signal processing, programming of digital instruments using computers.

(g) **Hearing physiology and anatomy:** Anatomy and physiology of the human auditory system.

(h) **Pathophysiology of auditory system:** Introductory level study of genetic disorders and infectious diseases of the auditory system.

(i) **Psychological aspects of hearing loss:** Curricula should be designed so the student understands:

(i) How hearing loss affects patients and others close to them;

(ii) How to follow up with patients after initial fitting; and

(iii) Methods of instruction on effective communication strategies for individuals with hearing impairments.

(j) **Audiometrics:** Performing pure tone and speech audiometry and interpretation, measuring output of instruments both in the lab and in the ear.

(k) **Earmolds:** Emphasis on impression-taking techniques, practical skills, safety, selection, and modification. Direct supervision is required for all earmold impressions.

(l) **Instrument selection:** Recommending the best technology according to the patient's or client's needs from basic through advanced analog and digital instruments, including referrals for medically implantable devices.

(m) **Health care and business:** Laws governing the profession, insurance aspects, health care management, advertising, marketing, purchase agreements, and sales.

(n) **Introduction to speech-language pathology and audiology.**

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(o) **Overview of medically implantable devices**, including criteria for referral.

(3) Minimum requirements for nine-month certificate programs:

(a) **Supervised practicum:** Including hands-on experience with patients.

(i) The supervised practicum must consist of a minimum of five hundred twenty hours.

(ii) Two hundred sixty of the five hundred twenty hours must be directly supervised. The remaining hours may be directly or indirectly supervised.

(iii) Methods of instruction on effective communication strategies for individuals with hearing impairments.

(b) **Occupational communications:** Documentation of professional activities.

(c) **Occupational human relations:** Code of professional ethics.

(d) **Acoustics:** The physics of sound and basic acoustics.

(e) **Hearing instrument sciences:** Basic electronics, circuit designs of hearing instruments, testing methodology of instruments, test standards, familiarity with all major types of instruments on the market, basic signal processing, programming of digital instruments using computers.

(f) **Hearing physiology and anatomy:** Anatomy and physiology of the human auditory system.

(g) **Pathophysiology of auditory system:** Introductory level study of genetic disorders and infectious diseases of the auditory system.

(h) **Psychological aspects of hearing loss:** Curricula should be designed so the student understands:

(i) How hearing loss affects patients and others close to them;

(ii) How to follow up with patients after initial fitting; and

(iii) Methods of instruction on effective communication strategies for individuals with hearing impairments.

(i) **Audiometrics:** Performing pure tone and speech audiometry and interpretation, measuring output of instruments both in the lab and in the ear.

(j) **Earmolds:** Emphasis on impression-taking techniques, practical skills, safety, selection, and modification. Direct supervision is required for all earmold impressions.

(k) **Instrument selection:** Recommending the best technology according to the patient's or client's needs from basic through advanced analog and digital instruments, including referrals for medically implantable devices.

(l) **Health care and business:** Laws governing the profession, insurance aspects, health care management, advertising, marketing, purchase agreements, and sales.

(m) **Introduction to speech-language pathology and audiology.**

(n) **Overview of medically implantable devices**, including criteria for referral.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-615, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.040 and 18.35.161. WSR 06-10-025, § 246-828-615, filed 4/26/06, effective 5/27/06.]

WAC 246-828-617 Requirements for speech-language pathology assistant certification. An applicant for certification as a speech-language pathology assistant must have the following minimum qualifications:

(1) An associate of arts or sciences degree, or a certificate of proficiency, with transcripts showing forty-five quarter hours or thirty semester hours of speech-language pathology course work and transcripts showing forty-five quarter hours or thirty semester hours of general education credit from a board-approved institution of higher education as defined in WAC 246-828-025 (1)(b). Transcripts must reflect, or applicant must demonstrate, one hundred hours of supervised patient/client/student work experience completed within a one-year time frame, or clinical experience practicum, with at least fifty of those hours under direct supervision; or

(2) A bachelor of arts or bachelor of sciences degree with transcripts from a speech, language, and hearing program from a board-approved institution of higher education as defined in WAC 246-828-025 (1)(b). Transcripts must reflect, or applicant must demonstrate, one hundred hours of supervised patient/client/student work experience completed within a one-year time frame, or clinical experience practicum, with at least fifty of those hours under direct supervision.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-617, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-617, filed 7/20/10, effective 7/26/10.]

WAC 246-828-620 Definitions—Sexual misconduct. The following definitions are applicable to the sexual misconduct rule, WAC 246-828-625:

(1) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(2) "Health care provider" means an individual applying for a credential or credentialed in a profession listed in chapter 18.35 RCW: Hearing aid specialists, audiologists, and speech-language pathologists, and speech-language pathology assistants.

(3) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(4) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients or clients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of the health care provider.

(5) "Patient" or "client" means an individual who receives health care from a health care provider.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-620, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161 and 18.130.050. WSR 07-09-093, § 246-828-620, filed 4/18/07, effective 5/19/07.]

WAC 246-828-625 Sexual misconduct. (1) A health care provider may not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct constitutes grounds for disciplinary action. Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Examination of or touching genitals without using gloves;
- (g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
- (h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
- (i) Dressing or undressing in the presence of the patient, client or key party;
- (j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
- (k) Encouraging masturbation or other sex act in the presence of the health care provider;
- (l) Masturbation or other sex act by the health care provider in the presence of the patient, client or key party;
- (m) Suggesting or discussing the possibility of a dating, sexual or romantic relationship after the professional relationship ends;
- (n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
- (o) Soliciting a date with a patient, client or key party;
- (p) Discussing the sexual history, preferences or fantasies of the health care provider;
- (q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (r) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
- (s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
- (t) Photographing or filming the body or any body part or pose' of a patient, client, or key party, other than for legitimate health care purposes; and
- (u) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense as defined in RCW 9.94A.-030.

(3) A health care provider may not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the health care provider's sexual needs.

(4) A health care provider may not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.

(5) After the two-year period of time described in subsection (3) of this section, a health care provider may not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:

(a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the health care provider; or

(b) There is an imbalance of power, influence, opportunity or special knowledge of the professional relationship.

(6) When evaluating whether a health care provider is prohibited from engaging, or attempting to engage, in sexual misconduct, the board of hearing and speech will consider factors, including but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another health care provider;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the health care provider and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or the client's personal or private information was shared with the health care provider;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability;

(i) Normal revisit cycle for the profession and service; and

(7) Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.

(8) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the health care provider where there is no evidence of, or potential for, exploiting the patient or client.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.-020. WSR 15-14-092, § 246-828-625, filed 6/29/15, effective 7/1/15. Statu-

tory Authority: RCW 18.35.161 and 18.130.050. WSR 07-09-093, § 246-828-625, filed 4/18/07, effective 5/19/07.]

WAC 246-828-990 Hearing aid specialist, audiologist, speech-language pathologist, and speech-language pathology assistant fees and renewal cycle. (1) Credentials must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Practitioners must pay the following nonrefundable fees:

Audiologist or Speech-Language Pathologist

Fee Type:	Fee
Interim permit	
Application	\$165.00
Permit	140.00
Initial license	
Application	110.00
License	95.00
HEAL-WA* surcharge	16.00
Active license renewal	
Renewal	75.00
Late renewal penalty	50.00
HEAL-WA* surcharge	16.00
Expired license reissuance	140.00
Inactive license	
Renewal	60.00
Expired license reissuance	90.00
Verification of license	30.00
Duplicate license	30.00

* Surcharge applies to speech-language pathologists only. HEAL-WA is the health resources for Washington online library. See RCW 43.70.110.

Hearing Aid Specialist

Fee Type:	Fee
Initial license	
Application	\$110.00
License	95.00
Active license renewal	
Renewal	75.00
Late renewal penalty	50.00
Expired license reissuance	136.00
Inactive license renewal	
Renewal	56.00
Expired license reissuance	86.00
Verification of license	30.00
Duplicate license	30.00

Speech-Language Pathology Assistant

Fee Type:	Fee
Initial credential	
Application	\$85.00
Active credential renewal	
Renewal	45.00
Late renewal penalty	45.00
Expired credential reissuance	50.00
Inactive credential renewal	
Renewal	50.00
Expired credential reissuance	50.00
Verification of credential	15.00
Duplicate credential	15.00

[Statutory Authority: RCW 43.70.250 and 43.70.280. WSR 16-07-087, § 246-828-990, filed 3/17/16, effective 7/1/16. Statutory Authority: RCW 43.70.250, 43.70.280 and 2014 c 189. WSR 15-16-020, § 246-828-990, filed 7/24/15, effective 8/24/15. Statutory Authority: RCW 43.70.280 and 2013 c 249. WSR 13-21-077, § 246-828-990, filed 10/17/13, effective 1/1/14. Statutory Authority: RCW 43.70.110, 43.70.250, and 2011 1st sp.s. c 50. WSR 11-20-092, § 246-828-990, filed 10/4/11, effective 12/1/11. Statutory Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-990, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-828-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70-110. WSR 05-12-012, § 246-828-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-990, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-828-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.090 and 43.70.250. WSR 97-04-043, § 246-828-990, filed 1/31/97, effective 1/31/97. Statutory Authority: RCW 18.35.161 (1) and (3). WSR 95-19-017, § 246-828-990, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 43.70.250. WSR 94-08-038, § 246-828-990, filed 3/31/94, effective 5/1/94; WSR 93-14-011, § 246-828-990, filed 6/24/93, effective 7/25/93; WSR 91-13-002 (Order 173), § 246-828-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. WSR 91-11-030 (Order 139), recodified as § 246-828-990, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 43.70.250. WSR 90-04-094 (Order 029), § 308-50-440, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. WSR 87-18-031 (Order PM 667), § 308-50-440, filed 8/27/87.]