Chapter 246-828 WAC
HEARING AND SPEECH

WAC

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WAC 246-828-020 Examinations. (1) The examination required of hearing instrument fitter/dispenser license applicants shall be the International Institute for Hearing Instrument Studies (IIHIS) including a passing score according to standards established by the International Hearing Society.

Applications for examinations shall be received by the department at least sixty days prior to the date of the scheduled examination. If the application is received less than sixty days before the next scheduled examination, the applicant will be scheduled for the second examination following receipt of the application.

(2) The examination required of audiology license applicants shall be the National Examination in Audiology (NESPA), including a passing examination score of six hundred or greater.

(3) The examination required of speech-language pathologist license applicants shall be the National Examination in Speech Language Pathology (NESPA), including a passing examination score of six hundred or greater.

WAC 246-828-025 Definitions. (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 shall integrate instruction in multicultural health as part of its basic education preparation curriculum under RCW 43.70.615.

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

(3) "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.

(4) "Direct supervision of a speech-language pathology assistant" means the supervising speech-language pathologist is on-site and in view during the procedures or tasks.

(5) "Indirect supervision of a speech-language pathology assistant" means the procedures or tasks are performed under the speech-language pathologist's overall direction and control, but the speech-language pathologist's presence is not required during the performance of the procedures or tasks.

WAC 246-828-040 Examination review and appeal procedures. (1) Each applicant who takes the examination for licensure and does not pass any part of the examination
shall be provided information indicating the area of the examination in which the applicant was deficient with the notice of the examination results.

(2) Any applicant who does not pass a part of the examination may request an informal review by the board of his or her examination results. This request must be in writing and must be received by the department within thirty days of the postmark of the notice of examination results.

(3) 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 (2) of this section shall be contacted by the department to arrange an appointment to appear personally in the Olympia office to review the part or parts of the examination failed.

(b) The applicant shall be provided a form to complete in the Olympia office in defense of examination answers and/or examination performance.

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

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

(e) The applicant shall not be allowed to take any notes or materials from the office upon leaving.

(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 shall 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 shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reconsidered could result in a passing score in the examination.

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

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

(4) Any applicant who is not satisfied with the result of the examination review may request that a formal hearing be held before the board pursuant to the Administrative Procedure Act. Such a hearing request must be received by the department within thirty days of postmark of the notification of the result of the board's informal review of the applicant's examination results. The request must be in writing and must state the specific reasons why the results of the examination should be changed. The board shall 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 shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reconsidered could result in a passing score in the examination.

(5) The hearing shall not be scheduled until the applicant and the state's attorney have appeared before an administrative law judge for a prehearing conference to consider the following:

(a) The simplification of issues;

(b) The necessity of amendments to the notice of specific reasons for the examination result modification;

(c) The possibility of obtaining stipulations, admission of facts and documents;

(d) The limitation of the number of expert witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(6) The administrative law judge shall enter an order which recites the actions taken at the conference, the amendments allowed to the pleadings and the agreements made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(7) Applicants shall receive at least twenty days notice of the time and place of the formal hearing. The hearing shall be restricted to the specific reasons the applicant has identified as the basis for a change in the examination score.

[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 246-828-04503 Postgraduate professional work experience. (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.

(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: 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. (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 seek department approval.

(2) The department may approve transfer of an interim permit holder to another eligible supervisor upon the written request of either the supervisor or the interim permit holder.

(3) The interim permit holder must immediately report the termination of the supervisor to the department in writing. The interim permit holder may only resume practice after the supervisor is approved by the department.

(4) 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.

[Statutory Authority: RCW 18.35.161. WSR 06-19-109, § 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 the duties of a hearing instrument fitter/dispenser, audiologist, speech-language pathologist, or speech-language pathology assistant in the course of their training under appropriate supervision.

(a) Speech-language pathology students must be supervised by a speech-language pathologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(b) Audiology students must be supervised by an audiologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(c) Hearing instrument fitter and dispenser students must be supervised by either a hearing instrument fitter/dispenser or a licensed audiologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(2) Students may perform only those activities that are within the scope of the profession as defined by the training program in which they are enrolled.

(3) The student shall 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 instrument fitting and dispensing students must be physically present on the premises at all times. The supervisor must cosign all purchase agreements for the sale of hearing instruments.

(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.

[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 shall include:

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

(2) Facilities for the personal comfort of customers.

(3) A test environment with background noise no greater than current American National Standards Institute specifications (S3.1-1960 (R-1971)) plus 15 dB. When nonstandard environments must be used, appropriate procedures shall be employed and documented.

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

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


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 shall conform to all current standards of the American National Standards Institute. Licensees shall insure 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 such standards was determined at that time. Licensees must maintain calibration records permanently and licensees shall 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 and/or monitoring of auditory and vestibular function must be maintained according to manufacturer's specifications.

(3) All instrumental technology used to diagnose and/or treat disorders of communication, swallowing and hearing shall be maintained in proper working order and be properly calibrated according to accepted standards.

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/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 must 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/or 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 and/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/or 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 and/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/or 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/or the site of the lesion within the auditory 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 clients, developmentally appropriate behavioral and/or 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/rehabilitative management and/or referral for further evaluation and the counseling of the 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/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, habilitation/rehabilitation of auditory and vestibular disorders. When standardized procedures are employed they must be conducted according to the standardized procedure or exception documented. Nonstandardized measures must be conducted according to established principles and procedures of the profession.

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

(10/17/13)
(1) Obtaining case history including:
   (a) As required by WAC 246-828-280, documentation of referrals, or as otherwise required by this chapter.
   (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, shall 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 earphones to determine the following: Speech reception threshold, most comfortable level, uncomfortable level, and the speech discrimination percent.
      (c) Hearing testing shall be conducted in the appropriate environment as required by WAC 246-828-080, minimum standards of equipment, or as otherwise required by this chapter.
      (d) When pure tone audiometry indicates an air-bone gap of 15db or more, 500, 1000, and 2000 Hz, the presence of unilateral hearing loss, or any inconsistent audiometric findings, the client shall be advised of the potential help available through medical treatment. If the client declines medical treatment, has been appropriately treated previously, or has been advised against medical treatment, the licensee shall make an appropriate notation in the client's record.
      (e) In the event a client is referred to a licensee by an M.A. audiologist, otologist, otolaryngologist, or by a fitter/dispenser duly 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 shall not be required. However, a confirmatory audiometric examination is recommended.
   (4) Medical evaluation requirements:
      (a) If the prospective hearing instrument user is eighteen years of age or older, the hearing instrument dispenser may afford the prospective user an opportunity to waive the medical evaluation requirements of (b) of this subsection if the hearing instrument dispenser:
         (i) Informs the prospective user that the exercise of the waiver is not in the user's best health interest;
         (ii) Does not in any way actively encourage the prospective user to waive the medical evaluation;
         (iii) Offers the prospective user the opportunity to sign the following statement:
            I have been advised by (hearing instrument fitter/dispenser or audiologist name) that 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
      (b) Except as provided in (a) of this subsection, a hearing instrument dispenser shall not sell a hearing instrument unless the prospective user has presented to the hearing instrument dispenser a written statement signed by a licensed physician that states that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing instrument. The medical evaluation must have taken place within the preceding six months.
   (5) Selection and fitting of the hearing instrument includes providing the client:
      (a) Information regarding the selection of the most appropriate method and model for amplification for the needs of the client.
      (b) The cost of the recommended instruments and services.
      (c) An appropriate custom made ear mold.
      (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 on every client to whom the licensee/certificate holder renders service in connection with the dispensing of a hearing instrument. These records must be preserved for at least three years after the dispensing of the first hearing instrument to the client. If other hearing instruments are subsequently dispensed to that client, cumulative records must be maintained for at least three years after the most recent dispensing of an instrument to that client. The records must be available for the department inspection and must include:
         (a) Client's case history.
         (b) Source of referral and appropriate documents.
         (c) Medical clearance for the hearing instrument user or the waiver set forth in subsection (4)(a)(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 except for minor services.
         (f) All correspondence specifically related to the service given the client or the hearing instrument or instruments dispensed to the client.

(10/17/13)
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/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 must be provided and products dispensed only when benefit can reasonably be expected. All services provided and products dispensed must be evaluated for effectiveness. A certified 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 referral.
   b. Review of the communication, cognitive and/or swallowing problem.
   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 shall 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, 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/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; and include 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, and/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.


WAC 246-828-112  Speech-language pathology assistants—Minimum standards of practice. 1. 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.
2. Speech-language pathology assistants may not represent themselves as speech-language pathologists.
3. The speech-language pathology assistant must be continually supervised by the speech-language pathologist. 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/assessments of patients/clients/students.
4. 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.

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(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.

(5) 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: RCW 18.35.161. WSR 04-02-068, § 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 shall not misrepresent the identity of the rebuilder of a hearing instrument. If the rebuilder of a hearing instrument was done by other than the original manufacturer, a licensee shall disclose this fact wherever the original manufacturer is identified.

[Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-220, filed 7/20/10, effective 7/26/10.]

WAC 246-828-270 Personal disclosure. A licensee who contacts a prospective purchaser away from the licensee's place of business must:

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

(a) His or her name, the name of his or her business firm, his or her business address and telephone number;

(b) The number of his or her license.

(2) Telephone contact with prospective purchasers must disclose the name of the licensee, name and location of his or her principal establishment and purpose of call.

(3) When the contact is through a direct mail piece or other advertising initiated by the licensee, clearly show on all promotional items the business/establishment name, the principal establishment address and telephone number, not just the address or telephone number where he/she will be on given days.

(4) A principal establishment is one which is bonded under RCW 18.35.240.

[Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-270, filed 7/20/10, effective 7/26/10.]

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 shall contain or have attached the following notice to buyer in twelve point type 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 demonstrate knowledge of these rights by initialing each numbered section of the "Notice to Buyer" and by signing his or her name in the appropriate 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

Purchaser's Initial .................................................. 

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 canceling 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 mailed 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 or make it available to the seller at the same place it was delivered to you.

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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 Recission - Within Thirty Days

Purchaser's Initial ....................................................

You may rescind (or terminate) the agreement within thirty days, for reasonable cause. This thirty-day period is called the "recision 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 mailed 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 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. The seller also may deduct any costs incurred in making traded-in goods ready for resale.

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 Recision Period

Purchaser's Initial ....................................................

If you notify the seller within the thirty-day recision 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 recision period. The recision 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 recision period longer than thirty days.

Whenever the recision 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
(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 instrument fitter/dispenser 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: 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 246-828-320 Minimum standards for fitting and dispensing locations. (1) The hours of business of each hearing instrument establishment shall be prominently and continuously 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 in WAC 246-828-080.

(3) The term "place or places of business" means a location where a licensee engages or intends to engage in the fitting and dispensing of hearing instruments at a permanent address(es) open to the public on a regular basis.


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


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) and/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.


WAC 246-828-360 Procedure for declaratory ruling. (1) In accord with RCW 34.05.240, on petition of any interested person, the board may issue a declaratory ruling with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by it.

(2) Such interested person shall submit the petition for declaratory ruling in written form to the board's departmental staff.

(3) The petition shall set forth, at a minimum, the following:
(a) The name of the person(s) seeking the ruling,
(b) The person's or persons' interest in the subject matter of the petition,
(c) The rule or statute at issue,
(d) A concise statement of the facts at issue, and
(e) A statement by the petitioner that he or she understands that he or she waives any possible objections to the board's fitness to hear the same matter as a disciplinary case should the board decline to issue a declaratory ruling or

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should the board issue a ruling contrary to the petition(s) argument and the facts otherwise warrant prosecution.

(4) The board shall make the preliminary decision whether or not to accept the petition at the first meeting subsequent to the department's receipt of the request or as soon thereafter as reasonably possible.

(5) If the board accepts the petition, the matter may be referred to committee, but shall ultimately be decided by a quorum of the board.

(6) The party or parties to the petition may request leave to present argument which may or may not be heard at the discretion of the board.

(7) The ruling shall be binding, pursuant to RCW 34.05.240, if issued after argument and stated to be binding between the board and the petitioner.

[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.]

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


WAC 246-828-510 Continuing education. The ultimate aim of continuing education is to ensure the highest quality professional care. The objectives are to improve and increase the ability of the hearing instrument fitter/dispenser, audiologist and speech-language pathologist 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/dispensing, audiology and speech-language pathology fields as applied to the work setting.

(1) Continuing education requirement. Licensees must complete a minimum of thirty hours of continuing education every three years in the following categories:

(a) At least one hour on infection control.

(b) Courses, seminars, workshops and postgraduate programs offered by accredited educational institutions. These educational activities shall be recorded on an official transcript or certificate stating the number of continuing education units completed.

(c) Courses, seminars and workshops offered continuing clock or continuing educational units offered by profession-related organizations or industries. These units shall be accepted with proof of completion.

(d) Attendance at a continuing education program having a featured speaker(s) or panel, which has been sponsored or endorsed by a profession-related organization or industry.

(e) Participation as a speaker or panel member in a continuing education program which has been sponsored 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.

(f) Completion of a written, video, internet, or audio continuing education program which has been sponsored or endorsed by a profession-related organization or industry. Only programs with tests that are independently graded shall be accepted.

(2) General information.

(a) The effective date of the continuing education requirement shall be three years after the licensee's 2007 renewal date.

(b) The board shall not grant credit for preparation time, except as provided in subsection (1)(e) of this section.

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

(4) This section incorporates by reference the requirements of chapter 246-12 WAC, Part 7.


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: 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 program for two-year degree in hearing instrument fitter/dispenser instruction. The minimum educational requirement for licensure to practice as a hearing instrument fitter/dispenser in Washington is satisfactory completion of a two-year degree program in hearing instrument fitter dispenser instruction approved by the board. The board will consider for approval any program which meets the requirements as outlined in this chapter.

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

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

(3) 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.

(4) The program application for approval must include, but may not be limited to, documentation required by the board pertaining to the standards as set in WAC 246-828-615 two-year degree in hearing instrument fitter/dispenser instruction standards.

(5) A program must be fully recognized by the appropriate accreditation body in that jurisdiction.
(6) The board will evaluate the application and may conduct a site inspection of the program prior to granting approval by the board.

(7) 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.

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

(9) The board may inspect an approved program at reasonable intervals for compliance. Refer to WAC 246-828-605 Site review procedures for initial and continuing approval of program for two-year degree in hearing instrument fitter/dispenser instruction. 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: RCW 18.35.040 and 18.35.161. WSR 06-10-025, § 246-828-600, filed 4/26/06, effective 5/27/06.]

WAC 246-828-605 Site review procedures for initial and continuing approval of program for two-year degree in hearing instrument fitter/dispenser instruction. 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 institution.

[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.]

WAC 246-828-610 Process for rescinding approval of program for two-year degree in hearing instrument fitter/dispenser instruction. In the event the board denies an application, rescinds approval or grants conditional approval, the authorized representative of the applicant's program may request a review within thirty days of the board's adverse decision/action. Should a request for review of an adverse action be made after thirty days following the board's action, the contesting party must submit a new application to be considered for review.

[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.]

WAC 246-828-615 Standards for approval of program for two-year degree in hearing instrument fitter/dispenser instruction. The curriculum of the program shall include the components listed in this chapter.

(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 assure a graduate is competent and can function on his or her own, the curriculum should be designed to assure proficiency in all these fields through extensive practical work experience in addition to classroom teaching. All the necessary instruments and laboratories based on industry standards are a prerequisite.

(2) Minimum areas of standard:

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

(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) Basic math and computers: The physics of sound, basic acoustics, methods of programming hearing instruments, calculating pricing, costs and other business-related math skills.

(f) Hearing instrument sciences: Basic electronics, circuit designs of hearing instruments, testing methodology of instruments, test standards, familiarity with all major 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 teaching communication skills to the hearing-impaired.

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

(k) Ear molds: Emphasis on practical skills and safety.

(l) Instrument selection: Recommending the best technology according to the client's needs from conventional through advanced digital/programmable instruments, including referrals for medical implantable devices.

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

(n) Introduction to speech-language pathology.

(o) Overview of cochlear implants including criteria for referrals for medical implantable devices.

[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

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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

(3) A completed work experience verification form and competency checklist form developed by the board and submitted as part of the application verifying 600 hours of supervised experience within three years of application. Both forms must be submitted by July 1, 2011, to qualify for certification under this subsection. The competency checklist form shall indicate and verify that the applicant has demonstrated competencies in all the following categories:
   (a) Interpersonal skills;
   (b) Understanding of critical supervision issues;
   (c) Administering treatment protocols;
   (d) Maintaining clinical documentation and communication;
   (e) Upholding ethical behavior and maintaining confidentiality;
   (f) Following health and safety precautions;
   (g) Foundational knowledge of the profession.

[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 instrument fitter/dispensers, audiologists, and speech-language pathologists.

(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: 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 shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or with a key party of a current client or patient, inside or outside the health care setting. Sexual misconduct shall constitute 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 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) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
(g) Not providing the patient or client a gown or draping except as may be necessary in emergencies;

(h) Dressing or undressing in the presence of the patient, client or key party;

(i) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
(j) Encouraging masturbation or other sex act in the presence of the health care provider;
(k) Masturbation or other sex act by the health care provider in the presence of the patient, client or key party;

(l) Dating or beginning a sexual or romantic relationship before the professional relationship ends;
(m) Discussing the sexual history, preferences or fantasies of the health care provider;

(n) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(o) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;

(p) 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;

(q) 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

(r) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) A health care provider shall 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.

(3) After a health care provider has terminated providing services to the client or patient, a health care provider shall not engage, or attempt to engage, in dating or beginning a sexual or romantic relationship with a former client or patient or key party of a former client or patient if:
(a) There is a significant likelihood that the former 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 and/or special knowledge held or acquired by the health care provider related to the professional relationship.

(4) 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

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

(5) 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: 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 instrument fitter/dispenser, 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

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<th>Fee Type</th>
<th>Fee</th>
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* Surcharge applies to speech language pathologists only. HEAL-WA is the health resources for Washington online library. See RCW 43.70.110.

Hearing Instrument Fitter/Dispenser

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Speech Language Pathology Assistant

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[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 7/26/10, 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 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 7/26/10, 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. Statistical Authority: RCW 43.70.110, 43.70.250, and 2013 c 249. WSR 13-21-077, § 246-828-990, filed 10/17/13, effective 1/1/14. Statistical 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. Statistical Authority: RCW 18.35.161, 43.70.250. WSR 10-15-093, § 246-828-990, filed 7/26/10, effective 7/26/10. Statistical 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. Statistical 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. Statistical Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-990, filed 1/7/04, effective 2/7/04. Statistical Authority: RCW 43.70.110, 43.70.250, and 2013 c 249. WSR 13-21-077, § 246-828-990, filed 10/17/13, effective 1/1/14. }