

**March 14, 2023**  
**Board Room 3**  
**9:00 a.m.**

## **Agenda**

### **Virginia Board of Audiology & Speech-Language Pathology Full Board Meeting**

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#### **Call to Order – Melissa A. McNichol, Au.D., CCA-A, Chair**

**Page 1**

- Welcome
- Emergency Egress
- Introductions
- Mission Statement

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#### **Ordering of Agenda – Dr. McNichol**

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##### **Public Comment – Dr. McNichol**

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

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#### **Approval of Minutes – Dr. McNichol**

**Pages 2-6**

- March 8, 2022 – Full Board Meeting (pages 2-4)
- March 8, 2022 – Formal Hearing (pages 5-6)

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#### **Agency Director’s Report – Arne W. Owens**

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##### **Legislative/Regulatory Report – Erin Barrett**

**Pages 7-27**

- Legislative Report for the 2023 General Assembly (pages 7-9)
- Updates to Guidance Documents
  - 30-3, Board guidance on use of confidential consent agreements (pages 10-13)
  - 30-5, Equivalent body for accreditation of audiology programs (pages 14-16)
  - 30-10, Disposition of disciplinary cases for audiologists and speech-language pathologists practicing on expired licenses (pages 17-19)
- Dailey Petition for Rule-making (pages 20-27)

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##### **Discussion Items**

**Pages 28-89**

- 2022 Healthcare Workforce Data Center Reports – Dr. Yetty Shobo (pages 28-89)
- Identification of Licensure Compact Representatives

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#### **Board Counsel’s Report – Laura Booberg**

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##### **Chair’s Report – Dr. McNichol**

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##### **Board of Health Professions’ Report – Leslie Knachel/Laura Vencill, MS, CCC-SLP**

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Virginia Department of

**Health Professions**

Board of Audiology and Speech-Language Pathology

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

**Email:** [auidb@dhp.virginia.gov](mailto:auidb@dhp.virginia.gov)

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**New Business – Dr. McNichol**

**Pages 90-94**

Officer Elections (pages 90-94)

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**Executive Director’s Report**

**Pages 95-96**

- Statistics (page 95)
  - Outreach Information
  - [2023 Board Calendar](#) (page 96)
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**Next Meeting – Dr. McNichol**

August 8, 2023

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**Meeting Adjournment – Dr. McNichol**

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This information is in **DRAFT** form and is subject to change.

# MISSION STATEMENT

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

### **Call to Order**

The March 8, 2022, Virginia Board of Audiology and Speech-Language Pathology meeting was called to order at 10:02 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### **Presiding Officer**

Melissa A. McNichol, Au.D., CCA-A, Chair

### **Board Members Present**

Erin G. Piker, Au.D., Ph.D., CCC-A, Vice-Chair

Corliss V. Booker, Ph.D., APRN, FNP-BC

Bradley W. Kesser, M.D.

Alison Ruth King, Ph.D., CCC-SLP

Angela W. Moss, M.A., CCC-SLP

### **Board Members Not Present**

Kyttra Burge, Citizen Member

### **Staff Present**

Leslie L. Knachel, Executive Director

Kelli Moss, Deputy Executive Director

David E. Brown, D.C., Agency Director

Elaine Yeatts, Senior Policy Analyst DHP

Erin Barrett, Senior Policy Analyst DHP

Charis Mitchell, Assistant Attorney General, Board Counsel

Laura Jackson, Board Administrator

Laura Paasch, Licensing & Operations Administrative Specialist

### **Establishment of Quorum**

With six out of seven board members present, a quorum was established.

### **Mission Statement**

Dr. McNichol read the Department of Health Professions' mission statement.

## **Ordering of Agenda**

Dr. McNichol opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

## **Public Comment**

There were no requests to provide public comment.

## **Approval of Minutes**

Dr. McNichol opened the floor to any additions or corrections regarding the draft minutes of the October 19, 2021, full Board meeting and the January 20, 2022, Regulatory Advisory Panel meeting. Dr. Kesser and Ms. Moss each identified a correction. The Board agreed to the corrections and the minutes were approved as a block as presented and amended.

## **Agency Director's Report**

Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Dr. Brown recognized Ms. Moss for her eight years of service to the Board and the Commonwealth.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Ms. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

## **Legislative/Regulatory Report**

Ms. Yeatts provided updates on the status of the Periodic Review and reported on the 2022 General Assembly session.

Ms. Knachel provided information on the recommendations from the Regulatory Advisory Panel (RAP) on Speech-Language Pathology Assistants. The RAP's recommendation was to clarify current regulations with a guidance document rather than initiate a regulatory action. Ms. Knachel reviewed draft Guidance Document 30-4 Guidance for the Use and Supervision of Speech-Language Pathology Assistants.

Dr. King made a motion to adopt Guidance Document 30-4, Guidance for the Use and Supervision of Speech-Language Pathology Assistants, which was seconded by Dr. Booker. The motion carried unanimously.

Ms. Yeatts presented information on the Delbridge Petition for Rulemaking.

Ms. Moss made a motion to take no action because the Board adopted a guidance document on supervision of assistants that is intended to assist licensees in the utilization of unlicensed persons in their practice. Dr. Booker seconded the motion. The motion carried unanimously.

### **Board Counsel's Report**

Ms. Mitchell had no information to report to the Board.

### **Chair's Report**

Dr. McNichol had no information to report to the Board.

### **Board of Health Professions' Report**

Dr. King had no information to report to the Board.

### **New Business**

There was no new business to report to the Board.

### **Staff Reports**

Ms. Knachel provided information on board statistics and outreach activities, which included a presentation to the SLP graduate students at the University of Virginia. The discussion related to whether a CE audit will be discussed at the next Board meeting. The Board asked Ms. Knachel to research whether a question could be added to the workforce survey deployed at renewal to capture the number of SLPAs being utilized in Virginia.

Ms. Moss provided an update on open and closed discipline cases.

### **Next Meeting**

The next full board meeting is scheduled for July 12, 2022.

### **Adjournment**

With no objection, Dr. McNichol adjourned the meeting at 11:10 a.m.

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
FORMAL HEARING MINUTES  
DEPARTMENT OF HEALTH PROFESSIONS  
BOARD ROOM 4  
HENRICO, VA  
March 8, 2022**

**CALL TO ORDER:** The meeting of the Virginia Board of Audiology and Speech-Language Pathology (Board) was called to order at 12:35 p.m., on March 8, 2022, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia.

**PRESIDING OFFICER:** Melissa McNichol, Au.D., CCC-A, Chairperson

**MEMBERS PRESENT:** Corliss V. Booker, Ph.D., APRN, FNP-BC  
Bradley W. Kesser, M.D.  
Angela W. Moss, MA, CCC-SLP  
Erin G. Piker, Au.D., Ph.D., CCC-A

**QUORUM:** With five members of the Board present, a quorum was established.

**STAFF PRESENT:** Leslie L. Knachel, M.P.H., Executive Director  
Heather Pote, Senior Discipline Case Specialist

**BOARD COUNSEL:** Charis A. Mitchell, Assistant Attorney General

**COURT REPORTER:** Jackie Longmire, Andrea Pegram Court Reporting Services

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Claire Foley, J.D., Adjudication Specialist, Administrative Proceedings Division

**COMMONWEALTH WITNESSES:** Sarah Rogers, Regional Manager, Enforcement Division

**RESPONDENT WITNESSES:** None

**OTHERS PRESENT:** Kimberly Hyler, Enforcement Division  
Renee White, Enforcement Division  
Melissa Moore, Board Staff

**MATTER SCHEDULED:** **Richard Kalunga, Speech-Language Pathology Reinstatement Applicant**

The Board met in accordance with a Notice of Formal Hearing dated February 4, 2022. Dr. Kalunga did not appear before the Board for the Formal Hearing and was not represented by

counsel. The Chair ruled that adequate notice was given in the case, and the Board proceeded in Dr. Kalunga's absence.

**CLOSED SESSION:**

Ms. Moss moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code") for the purpose of deliberation to reach a decision in the matter of **Richard Kalunga, Speech-Language Pathology Reinstatement Applicant**. Additionally, she moved that Ms. Mitchell and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Booker and carried unanimously.

**RECONVENE:**

Ms. Moss moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Kesser and carried unanimously.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**DECISION:**

Dr. Piker moved to reinstate Dr. Kalunga's license to practice Speech-Language Pathology contingent upon payment of a monetary penalty of \$1000.00 and completion of 30 hours of continuing education, 10 hours of which shall be in the subject of ethics, within 90 days. If the monetary penalty and continuing education certificates are not submitted within 90 days, the application for reinstatement shall be denied. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Kalunga at his address of record. The motion was seconded by Dr. Kesser and passed by a vote of 3-2.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions and decision of this quorum of the Board.

**ADJOURNMENT:**

The Formal Hearing adjourned at 2:29 p.m.



**Legislative Report**  
**Board of Audiology & Speech-Language Pathology**  
**2023 Session**

**HB 2033 Audiology and Speech-Language Pathology Interstate Compact; Va. to become a signatory to Compact.**

*Chief patron: Sewell*

**Audiology and Speech-Language Pathology Interstate Compact.** Authorizes Virginia to become a signatory to the Audiology and Speech-Language Pathology Interstate Compact. The Compact increases public access to audiology and speech-language pathology services by providing for the mutual recognition of other member state licenses for such services. The Compact has been enacted in 23 states and the Audiology and Speech-Language Pathology Compact Commission is currently preparing rules and bylaws in order for the member states to be fully integrated in the Compact's data system.

02/23/23 House: Signed by Speaker

02/25/23 Senate: Signed by President

**HB 1573 Mental health conditions & impairment; health regulatory board w/in DHP to amend its applications.**

*Chief patron: Walker*

**Department of Health Professions; applications for licensure, certification, and registration; mental health conditions and impairment; emergency.** Directs each health regulatory board within the Department of Health Professions to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? The bill contains an emergency clause. This bill is identical to SB 970.

EMERGENCY

02/16/23 House: Signed by Speaker

02/16/23 Senate: Signed by President

**HB 1622 Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.**

*Chief patron:* Wright

**AGENCY BILL**

**Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.** Removes the requirement that a health regulatory board receive information that a practitioner may be subject to a disciplinary action in order for the board to delegate to an appropriately qualified agency subordinate the authority to conduct informal fact-finding proceedings.

02/23/23 House: Signed by Speaker

02/25/23 Senate: Signed by President

**HB 1638 DPOR, et al.; disclosure of certain information.**

*Chief patron:* Walker

**AGENCY BILL**

**Department of Professional and Occupational Regulation, Department of Health Professions, and related regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting.** Allows the Department of Professional and Occupational Regulation, the Department of Health Professions, and professional, occupational, and health regulatory boards to mail or email upon request records regarding applications for admission to examinations or for licensure, certification, registration, or permitting and the related scoring records to the individual to whom such records pertain. Under current law, such records may be made available for copying by the subject individual at the office of the Department or board that possesses the material during normal working hours. This bill is identical to SB 1060.

02/16/23 House: Signed by Speaker

02/16/23 Senate: Signed by President

**SB 1054 Interjurisdictional compacts; criminal history record checks.**

*Chief patron:* Peake

## ***AGENCY BILL***

**Interjurisdictional compacts; criminal history record checks.** Provides that when an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information. This bill is identical to HB 2157.

02/22/23 House: Signed by Speaker

02/23/23 Senate: Signed by President

**Agenda Item: Consideration of edits to Guidance Document 30-3**

**Included in your agenda package are:**

- Redline of suggested changes.
- Clean copy of Guidance document with changes.

**Action needed:**

- Motion to revise Guidance Document 30-3 as presented.

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## Board of Audiology and Speech-Language Pathology

### Confidential Consent Agreements

~~Legislation enacted in 2003 authorized the health regulatory boards to resolve~~  
The Board is authorized by Virginia Code § 54.1-2400(14) to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). ~~This agreement~~ A CCA may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. See Va. Code § 54.1-2400(14).

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The Board adopts the following list of violations of regulations or statute that may qualify for resolution by a CCA.

~~A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.~~

~~A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.~~

~~A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.~~

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~~The Board of Audiology and Speech Language Pathology adopts the following list of violations of Regulation or Statute that may qualify for resolution by a Confidential Consent Agreement:~~

1. Failure to notify ~~b~~the Board of ~~a~~ change of address ~~and~~/or name change in accordance with current regulations.
2. Failure to maintain and submit patient records and documentation when requested.

Guidance Document: 30-3

~~Re-adopted: June 5, 2018~~ Revised: March 14, 2023

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Effective Date: TBD

3. Failure to meet required ~~C~~continuing ~~c~~Competency ~~R~~requirements without an approved request for an exception or an exemption.
4. Misrepresentation in advertising of name ~~and~~ or credentials by a licensee.
5. Inadvertent ~~breec~~h-breach of confidentiality.
6. Failure to report a violation.

**Related Statutes:**

Va. Code § 54.1-2400(14)

## **Board of Audiology and Speech-Language Pathology**

### **Confidential Consent Agreements**

The Board is authorized by Virginia Code § 54.1-2400(14) to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). A CCA may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. *See Va. Code § 54.1-2400(14).*

The Board adopts the following list of violations of regulations or statute that may qualify for resolution by a CCA.

1. Failure to notify the Board of a change of address or name change in accordance with current regulations.
2. Failure to maintain and submit patient records and documentation when requested.
3. Failure to meet required continuing competency requirements without an approved request for an exception or an exemption.
4. Misrepresentation in advertising of name or credentials by a licensee.
5. Inadvertent breach of confidentiality.
6. Failure to report a violation.

#### **Related Statutes:**

[Va. Code § 54.1-2400\(14\)](#)

**Agenda Item: Consideration of edits to Guidance Document 30-5**

**Included in your agenda package are:**

- Redline of suggested changes.
- Clean copy of Guidance document with changes.

**Action needed:**

- Motion to revise Guidance Document 30-5 as presented.



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## Virginia Board of Audiology and Speech-Language Pathology

### Equivalent Accrediting Body

#### Applicable Regulations

#### ~~18VAC30-21-70. Provisional licensure.~~

~~A. Provisional license to qualify for initial licensure. An applicant may be issued a provisional license in order to obtain clinical experience required for certification by ASHA, the American Board of Audiology, or any other accrediting body recognized by the board. To obtain a provisional license in order to qualify for initial licensure, the applicant shall submit documentation that he has:~~

~~1. Passed the qualifying examination from an accrediting body recognized by the board; and~~

~~2. Either:~~

~~a. For provisional licensure in audiology, successfully completed all the didactic coursework required for the doctoral degree as documented by a college or university whose audiology program is accredited by the Council on Academic Accreditation of ASHA or an equivalent accrediting body; or~~

~~b. For provisional licensure in speech language pathology, successfully completed all the didactic coursework required for a graduate program in speech language pathology as documented by a college or university whose program is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or an equivalent accrediting body.~~

#### Guidance

~~For the purpose of issuing~~To issue a provisional licensure license in audiology, the Board has determined that the Accreditation Commission for Audiology Education (ACAE) is “an equivalent accrediting body” for documentation of didactic coursework required for the doctoral degree, as specified in 18VAC30-21-60(A)(3) and 18VAC30-21-70(A)(2)(a).

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#### Relevant Regulations:

18VAC30-21-60

18VAC30-21-70

## **Board of Audiology and Speech-Language Pathology**

### **Equivalent Accrediting Body**

To issue a license in audiology, the Board has determined that the Accreditation Commission for Audiology Education (ACAE) is “an equivalent accrediting body” for documentation of didactic coursework required for the doctoral degree, as specified in 18VAC30-21-60(A)(3) and 18VAC30-21-70(A)(2)(a).

#### **Relevant Regulations:**

[18VAC30-21-60](#)

[18VAC30-21-70](#)

**Agenda Item: Consideration of edits to Guidance Document 30-10**

**Included in your agenda package are:**

- Redline of suggested changes.
- Clean copy of Guidance document with changes.

**Action needed:**

- Motion to revise Guidance Document 30-10 as presented.

Guidance document: 30-10  
2018 Revised: March 14, 2023

Re-adopted: June 5,

Effective Date: TBD

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**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH LANGUAGE  
PATHOLOGY**  
Board of Audiology and Speech-Language Pathology

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**Disposition of Disciplinary Cases for Audiologists and Speech-Language Pathologists  
Practicing on Expired Licenses**  
~~DISPOSITION OF DISCIPLINARY CASES FOR AUDIOLOGISTS AND SPEECH-  
LANGUAGE PATHOLOGISTS PRACTICING ON EXPIRED LICENSES~~

The Board of Audiology and Speech-Language Pathology (~~Board~~) ~~voted on November 3, 2011,~~  
~~to delegate delegates~~ to the Executive Director for the Board the authority to ~~offer a prehearing  
consent order to~~ resolve disciplinary cases in which ~~an Audiologist or Speech Language  
Pathologist a licensee~~ has been found to be practicing with an expired license consistent with the  
table below.

**Disciplinary Action for Practicing with an Expired License**

The Board adopted the following guidelines for resolution of cases of practicing with an expired  
license:

<b>Cause</b>	<b>Possible Action</b>
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to two years	Consent Order; Monetary Penalty of \$500
First offense; more than two years	Consent Order; Monetary Penalty of \$1000
Second offense	Consent Order; Monetary Penalty of \$1500

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**Board of Audiology and Speech-Language Pathology**

**Disposition of Disciplinary Cases for Audiologists and Speech-Language Pathologists  
Practicing on Expired Licenses**

The Board of Audiology and Speech-Language Pathology delegates to the Executive Director for the Board the authority to resolve disciplinary cases in which a licensee has been found to be practicing with an expired license consistent with the table below.

**Disciplinary Action for Practicing with an Expired License**

The Board adopts the following guidelines for resolution of cases of practicing with an expired license:

<b>Cause</b>	<b>Possible Action</b>
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to two years	Consent Order; Monetary Penalty of \$500
First offense; more than two years	Consent Order; Monetary Penalty of \$1000
Second offense	Consent Order; Monetary Penalty of \$1500

**Agenda Item: Consideration of petition for rulemaking to amend 18VAC30-21-60(A)(1)**

**Included in your agenda package are:**

- Petition for rulemaking to amend 18VAC30-21-60(A)(1) to remove the requirement that an applicant obtain a Certificate of Clinical Competence issued by ASHA to be eligible for licensure.
- Comments received in response to petition on Town Hall.
- 18VAC30-21-60.

**Staff Note:** There were 28 comments in favor of the petition, 8 comments in opposition to the petition, and 3 comments that did not state a clear position.

**Action needed:**

- Motion to either:
  - Take no action, specifying why; or
  - Initiate rulemaking.



# COMMONWEALTH OF VIRGINIA

## Board of Audiology & Speech-Language Pathology

9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463

(804) 367-4630 (Tel)  
(804) 527-4471 (Fax)

**Note: As of June 1, 2019, the Boards phone number will change to: (804) 597-4132**

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

<b>Please provide the information requested below. (Print or Type)</b>		
Petitioner's full name (Last, First, Middle initial, Suffix.) <i>Dailey, Suzanne, M.</i>		
Street Address <i>2130 Elm Tree Knoll</i>	Area Code and Telephone Number <i>434.409.4288</i>	
City <i>Charlottesville</i>	State <i>VA</i>	Zip Code <i>22911</i>
Email Address (optional) <i>suzdailey@hotmail.com</i>	Fax (optional)	

#### Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

*18VAC30-21-60. Qualifications for initial licensure.*

*A. The board may grant an initial license to an applicant for licensure in audiology or speech- language pathology who:*

*1. Holds a current and unrestricted Certificate of Clinical Competence issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board. Verification of currency shall be in the form of a certified letter from a recognized accrediting body issued within six months prior to filing an application for licensure.*

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

*18VAC30-21-60. Qualifications for initial licensure.*

*The change that is being requested is to eliminate the requirement that initial licensure applicants be required to hold a Certificate of Clinical Competence issued by ASHA, and to replace that requirement with "an initial applicant must hold a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent master's degree that may differ semantically in degree title."*

*The rationale for this change is (a) that ASHA is a private organization that requires paid fees in order to maintain a Certificate of Clinical Competence, which should therefore not be required to be held by a government entity in order to practice in the Commonwealth of Virginia (in other words, licensure to practice in the Commonwealth of Virginia should not be contingent upon one's membership within a privately held company or not-for-profit); and (b) school speech-language pathologists are only required (per 18VAC30-21-60B) to hold a master's degree in Speech-Language Pathology (or similar field) in order to obtain licensure to practice as an SLP in the Commonwealth of Virginia. It should be up to the license holder's discretion whether he or she wishes to obtain a Certificate of Clinical Competence from ASHA, based on personal preferences or the requirement to be a CCC holder for purposes of billing insurance, Medicaid, etc. The Department of Health Professions Board of Audiology and Speech-Language Pathology should set forth regulations that are equivalent in content for both school SLPs and non-school SLPs. (Similarly, fees associated with licensure should be equivalent, and would need to be adjusted accordingly, preferably to the cost required for school SLPs. This is a separate regulation, and may need to be petitioned in a separate request, given that fees are under a differently labeled regulation.)*

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

*According to the Code of Virginia 54.1-2400 (1), "General powers and duties of health regulatory boards. The general powers and duties of health regulatory boards shall be:*

*1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions."*

Signature:

Date: 29 November 2022

Commenter	Title	Comment	Date/ID
Professor Michael Moates, LP, LBA, LMHC, LAC	Support	I support the petitioner's requests. The requirements should be set by the board rather than a 3rd party.	1/14/23 7:02 pm CommentID:207874
Anonymous	Support	I support the petitioners request. SLP requirements should be based off of educational status and not a 3rd party organization's arbitrary rules. ASHA is a biased organization that does not support professionals who question ASHA's stance on political issues. Politics do not belong in our profession and should not govern how we provide services.	1/16/23 11:42 am CommentID:207876
P. Sullivan	Professional Skills not Political Bias	When agencies promote ideology that is not ground in fact and professional skill sets, it becomes a political influence. If you do not agree with the ideology there should be no threat to your right to practice in your profession without undergoing some kind of "reeducation". That is communism.	1/16/23 6:46 pm CommentID:207879
Maria Porter, M.A., CCC/SLP	In Support	I am in support of this change. There is no need to hold an ASHA license.	1/16/23 7:35 pm CommentID:207880
Susan Adams, ASHA	Oppose	<p>January 17, 2023</p> <p>Leslie Knachel, Executive Director Board of Audiology and Speech-Language Pathology 9960 Mayland Drive Suite 300 Henrico, VA 23233</p> <p>RE: Proposed regulation to eliminate the CCC for initial licensure</p> <p>Dear Ms. Knachel:</p> <p>On behalf of the American Speech-Language-Hearing Association (ASHA), I write to oppose the petition to eliminate the requirement for initial licensure applicants to hold ASHA's Certificate of Clinical Competence (CCC) and replace it with a requirement to hold a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent.</p> <p>ASHA is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive disorders. Over 4,720 ASHA members reside in Virginia. <sup>[1]</sup></p> <p>This petition would remove the requirement for ASHA's CCC and, instead, would allow for licensure through a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent to be a licensed speech-language pathologist. The petition makes no mention of requiring such programs to be accredited and no requirement for the clinical fellowship or national exam. It further contradicts the changes that just went into effect for audiologists.</p> <p>On January 5, 2023, updated regulations went into effect to allow audiologists to use the American Board of Audiology credential in addition to ASHA's CCC to obtain an audiology license in the Commonwealth. The Board also added a pathway for audiologists to become licensed through an accredited educational program and exam. In that case, the Board chose not to make any additional changes related to the licensure of speech-language pathologists.</p> <p>ASHA requests that the regulations remain as currently in place or, as an alternative, include the entire list of requirements included in the CCC as follows:</p> <ul style="list-style-type: none"> <li>• Holds a current and unrestricted Certificate of Clinical Competence issued by ASHA;</li> <li>• Provides documentation of graduation from a speech-language pathology program accredited by the Council on Academic Accreditation of ASHA or an equivalent accrediting body as recognized by the board;</li> <li>• Provides documentation of having passed the qualifying examination from an accrediting body recognized by the board;</li> <li>• Provides documentation of having completed a minimum of 1,260 hours and a minimum of 36 weeks of full-time mentored professional experience or its part-time equivalent.</li> </ul> <p>Thank you for your consideration of ASHA's position and suggested language if the board chooses to proceed. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at <a href="mailto:sadams@asha.org">sadams@asha.org</a>.</p> <p>Sincerely,</p> <p>Robert M. Augustine, PhD, CCC-SLP 2023 ASHA President</p>	1/17/23 8:39 am CommentID:207881



		<a href="https://www.asha.org/siteassets/uploadedfiles/advocacy/state-filers/virginia-state-flyer.pdf">[1] American Speech-Language-Hearing Association. (2022). [Quick Facts]. https://www.asha.org/siteassets/uploadedfiles/advocacy/state-filers/virginia-state-flyer.pdf.</a>	
Ellen Kiger	Strongly Oppose Petition	i support the current prerequisite degrees and certifications. please do not lessen the standard	1/17/23 10:07 pm CommentID:207883
Jonas Planck	Oppose this petition	This petition would be detrimental to the industry our office opposes this proposal	1/17/23 10:11 pm CommentID:207884
Jennings Abernathy	OPPOSE - do NOT support this	I strongly and wholly oppose this petition	1/17/23 10:13 pm CommentID:207885
Anonymous	Support	I support this petition.	1/18/23 10:07 pm CommentID:207897
Anonymous	Support this bill and help schools staff much-needed professionals for important student services	SLP's for public schools are hard to come by. Removing the bureaucratic red tape of requiring costly, ADDITIONAL credentialing by private corporate club would be a step in the right direction. SLPs exit grad schools and enter the workforce highly trained and strapped in school debt. Requiring private corporate club (ASHA) certification - on top of state licensure and education department requirements adds unnecessary financial burden that often drives SLPs away from schools and other potentially lower paying, understaffed, high-need human services settings. States can maintain their own high standard of education and continuing education requirements without the additional "lobbying group stamp of approval," and their speech-language professionals and student/patient populations will be blessed for it.	1/18/23 10:08 pm CommentID:207898
Anonymous	Strongly SUPPORT	Strongly Support  Requirements for professional licensing should be set by a board and be based off of educational status and not by a 3rd party, especially when that 3rd party allocates money to support their political views and creates arbitrary rules. When agencies promote ideology and then change rules that we have to be "re-educated" in order to still practice in our profession, it is flat out wrong. Once again, I strongly support the petitioner's request.	1/18/23 10:45 pm CommentID:207899
Anonymous	Full Support	There is currently no requirement that public school SLPs have ASHA CCC's in the Commonwealth of Virginia but private practice SLPs have to even though we diagnose and treat the exact same disorders. This is illogical.  Other states do not require CCCs for licensure.  ASHA is a private organization. My Commonwealth of Virginia government license to practice speech shouldn't be tethered to a non-government entity. The Commonwealth of Virginia should not subcontract out licensure requirements. If ASHA wants to 'uphold' standards in speech then they can work with our colleges and universities to influence, guide, and ensure their SLP programs are 'ASHA certified' but enough with their requirements for my CCCs.  In response to another post: "...ASHA is the national professional, scientific, and credentialing association for 223,000 members a.....". Of course you have 223,000 members! You've lobbied the government to make membership a requirement only to turn around and use your membership totals as a reason to maintain the ASHA CCC requirement while citing membership numbers.. Seems like a conflict of interest and self-serving.	1/18/23 10:46 pm CommentID:207900
School based SLP	Support	ASHA does not advocate enough for SLP's for me to pay them to hold a license. ASHAs political agenda is one I cannot support. I should not have to pay a private agency who is pushing an agenda on me. Practice nonpartisan ASHA!	1/18/23 10:55 pm CommentID:207901
Janice A. O'Brien, previous school SLP	In Support	I don't think ASHA membership should be a requirement, and for those who choose membership, I think we should only have to pay once every cycle (3 years). \$225 every 3 years would be fair. At \$225 EVERY year, we should be able to take ASHA's online courses for free.	1/19/23 9:39 am CommentID:207903
Anonymous	Support	ASHA has worked with universities to ensure high standards are taught to graduating SLPs. The unnecessary enforcement in having to pay ASHA yearly, just for the CCCs, does not increase our skill level or abilities. Physical therapists and occupational therapists are not required to pay their respective representative bodies (APTA and AOTA) in order to be considered eligible for state licensure. The only logical reason this mandate has happened is due to ASHA lobbying for this additional state licensure requirement. Meaning, they are forcing SLPs to pay (\$225/yr) to provide money used to lobby against our own financial health. The Supreme Court ruling in Janus v. AFSCME on June 27, 2018 meant teachers nationwide were no longer required to be part of a teachers union in order to keep their jobs. In this state, the mandate for CCCs is effectively forcing us to remain in an untitled union.	1/19/23 9:56 am CommentID:207904
Amy Moore, SLP	STRONGLY SUPPORT	It is a conflict of interest for ASHA to require annual dues in order for me to keep something I've already earned. Each state licensure board requires continuing education. There's no reason for ASHA certification/membership to be necessary, much less mandatory. Neither OT nor PT are required to be members of their national associations. We shouldn't be required to do so either.	1/19/23 3:47 pm CommentID:207905
Samantha Dalley, M.S. CCC-SLP	Strongly support !	I strongly support this initiative to remove this requirement.	1/20/23 9:30 am CommentID:207906
Anonymous, M.Ed,CCC-	D/C ASHA certification requirement	ASHA certification should not be required to work. We acquire a license from the state. ASHA is a private organization that profits from this requirement. In addition, ASHA has become political activists on social issues that do not align with all members. ASHA holds too much power over therapists' careers. One has to continue	1/20/23 12:13 pm CommentID:207907

SLP		<p>sending money to organization in order to work...even if their activism is a direct violation of one's religious convictions.</p> <p>Furthermore, other therapists (OT,PT) do not have the same certification requirements.</p>	
Anonymous	Conflicted	<p>There is a shortage of SLPs in Virginia. Eliminating the requirement may increase the applicant pool. Additionally, there are challenges with the CCC and individuals who receive degrees and clinical training in other countries and are interested in working in the United States. Employers vet the coursework and these individuals fill positions to provide services.</p> <p>The CCC provides a competency designation that a graduate degree does not. It seems that it may be appropriate to work with ASHA to open avenues for obtaining the CCC and keeping the requirement.</p>	1/21/23 5:29 pm CommentID:207910
Laura Purcell Verdun, M.A., CCC/SLP	Oppose	<p>January 23, 2023</p> <p>Leslie Knachel, Executive Director VABASLP 9960 Mayland Drive, Suite 300 Henrico, VA 23233</p> <p><b>RE: Petition to amend 18VAC30-21-60(A)(1)</b></p> <p>Dear Ms. Knachel and the VABASLP,</p> <p>I am writing to oppose a petitioner's request that the Board amend 18VAC30-21-60(A)(1) to eliminate the requirement that initial licensure applicants hold a Certificate of Clinical Competence (CCC) issued by ASHA, thereby replacing that requirement with holding a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent.</p> <p>Though I understand and appreciate the request, there are many concerns about approaching initial licensure in this manner. The biggest concern is that a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent is solely insufficient. A minimum qualifying standard must remain to be met by all license applicants, which ASHA certification presently provides. This request eliminates not only the ASHA CCC's but the requirement for a passing score on the national qualifying examination and completion of the clinical fellowship. We should not be looking to further dilute the qualifications and capabilities, and constituents' expectations, of the professions.</p> <p>This is an opportunity for further discussion, but in the present form, this request is not the solution.</p> <p>Thank you for your consideration.</p> <p>Respectfully, Laura Purcell Verdun, M.A., CCC/SLP</p>	1/23/23 10:19 am CommentID:207936
Anonymous, M.Ed,CCC-SLP	Oppose	<p>I understand the concern with the ties to ASHA for the initial credentials/licensing. However, the board needs to consider the criteria that the initial license offers compared to the suggested 'requirement to hold a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent.'</p> <p>Currently, initial license requirements include:</p> <ul style="list-style-type: none"> <li>• PRAXIS Scores (which are incorporated into ASHA accredited SLP programs and required for CF/CCCs) - this ensures they have met the standards in terms of the content</li> <li>• ASHA CCCs (which are earned after a new clinician has completed their clinical fellowship under the supervision of a clinician that holds their ASHA CCCs) - this ensures they have met the standards in terms of clinical practice. The 2-3 semesters of mostly part-time placements are not sufficient for new clinicians. The clinical fellowship year provides continued support and supervision, ensuring safety for both the clinician as well as the clients they serve.</li> </ul> <p>By requiring this component (ASHA CCCs) just for the initial license, the Board is protecting the clients served as well as the qualifications and readiness of the clinician.</p> <p>As proposed, a master's degree in speech-language pathology, communication disorders, speech and hearing science, or equivalent could be provided by any college/university - it does not specify that it is an accredited program.</p> <p>It should be noted that ASHA CCCs are not required for renewal of one's BASLP license.</p> <p>Others have referenced OTs and PTs not needing such requirements. Based on what I have found, each of these professions have similar requirements tied to their national association/board in order to ensure the quality and completion of their program.</p> <ul style="list-style-type: none"> <li>• Occupational therapists are required to submit their certification of credentials from the National Board of Certification of Occupational Therapy (equivalent to SLP CCCs) as well as transcripts as their verification of professional education. <a href="http://www.dhp.virginia.gov/Boards/Medicine/ApplicantResources/ApplyforLicense/OccupationalTherapy/">http://www.dhp.virginia.gov/Boards/Medicine/ApplicantResources/ApplyforLicense/OccupationalTherapy/</a></li> <li>• Physical therapists are required to demonstrate completion of a physical therapy program (which is now a <b>doctor</b> of physical therapy degree) that is approved by the American Physical Therapy Association (or a school outside of the US/Canada which is acceptable to the board) and has satisfactorily passed an</li> </ul>	1/23/23 9:19 pm CommentID:207945

		examination approved by the board. <a href="https://www.dhp.virginia.gov/physicaltherapy/pt_faq.htm">https://www.dhp.virginia.gov/physicaltherapy/pt_faq.htm</a>	
MA CCC-SLP	STRONGLY SUPPORT	Eliminate the need for ASHA certification to tied with VA licensed. State licenses for our profession should be separate not contingent. There are plenty of other states in this country that allow state licensures without ASHA certification. ASHA does nothing to support our profession, simply using our money to support whatever way the political culture blows.	1/24/23 9:15 am CommentID:207948
Patricia A Johnson (retired SLP)	Strongly oppose	I strongly oppose the proposal that initial licensure for Speech Language Pathologists would no longer need the Certificate of Clinical Competence. The CCC is the culmination of earning a master's degree, working for a year under the mentorship of a certified SLP ( the Clinical Fellowship Year), and then passing a national exam through the American Speech-Language-Hearing Association (ASHA). It verifies that the individual possesses the highest qualifications for the field. A public school SLP treats children with every disability imaginable. I understand that SLPs are in short supply, but hiring any but the very best professionals for this very important job is not the answer! It is short-sighted and not in the best interest of the children who so desperately need the services. We as a state would not consider licensing other health professionals without the highest level of qualifications. Why would we do it for SLPs, save for expediency? Please don't do this!	1/24/23 12:47 pm CommentID:207949
Anonymous	STRONGLY SUPPORT	Going through education which requires a practical component, should be enough to be able to practice. Holding CCC's requires SLPs to spend more money in addition to the amount of money that they paid to receive their education which should readily prepare their students for the job.	1/26/23 7:10 am CommentID:207951
Speech Pathologist	Strongly Support	Strongly support removing the requirement of CCC for initial license. ASHA membership should not be a requirement.	1/26/23 10:08 am CommentID:207952
anonymous	Strongly Support	I strongly support this petition. The Commonwealth of Virginia does not need to rely on ASHA to provide a Praxis score and proof of CFY. ASHA has NO bearing on SLP's performance, ethics, and success.	1/26/23 10:19 am CommentID:207953
Anonymous	Fully support	SLPs in VA should be licensed by BASLP. There should be no requirement to hold CCC for initial licensure. Holding the CCC should be an option and a choice.  M.S., CCC-SLP	1/26/23 10:33 am CommentID:207954
K. Washington	Oppose - Keep current standards	It should be easier to provide an important service such as diagnosing and treating speech-language impairments. When you make it easier, you jeopardize the pay in the field and the ability to be a trusted profession. I don't see medical doctors lobbying to make it easier to become an MD. This is a respected field and should remain as such. Pay will only decrease if the path to licensure is as simple as getting an unaccredited degree.	1/26/23 11:06 am CommentID:207955
K Durham	Strongly Support	Neither OT nor PT are required to be members of their national associations and SLPs shouldn't be required to do so either. Each state licensure board requires continuing education, therefore there's no reason for ASHA certification/membership to be necessary, much less mandatory. The mere \$25 that's saved by being a "certified non-member" is insulting.  K. Durham MCD, CCC-SLP	1/27/23 1:40 am CommentID:207956
Speech Language Pathologist	Strongly support	I strongly support this petition to disengage ASHA certification restricting anything. They no longer represent me as an SLP or support our profession as a whole.	1/27/23 7:34 am CommentID:207957
A Kline, MA CCC-SLP	Strongly Support	I strongly support this petition. In NJ, SLP state licensure criteria is very similar to the criteria for earning the ASHA CCC, but it does not tie them together as a mandate to have ASHA CCCs. It's very possible for the Board to create its own set of criteria (i.e. Master's Degree, PRAXIS, xxx number of hours of work experience under a fully licensed SLP) without tying it to a requirement of membership in a private organization. ASHA is a terrible organization with very obvious partisan political leanings. It's a travesty to force SLPs into membership in this private political organization as a condition of state licensure.	1/27/23 3:57 pm CommentID:207958
Anonymous	Support	ASHA has become too political and their bias leans one way which does not support the all therapists in the field. The licensure board can make the requirements the same and therefore maintain quality therapists.	1/28/23 11:06 pm CommentID:207959
KH	Strongly support	As an SLP, I strongly support eliminating the national requirements - the national organization requires excessive dues that are used to support political ideology that not all members do not agree with. Continuing education should be the focus of the organization and not used to make political statements.	1/28/23 11:18 pm CommentID:207960
HC	SLP licensure	Support	1/28/23 11:53 pm CommentID:207961
HCJ	Support	Support	1/28/23 11:55 pm CommentID:207962
Anonymous	STRONGLY SUPPORT!	I strongly support this petition. I completely agree with another post: That ASHA is a private organization and that the Commonwealth of Virginia government license to practice speech shouldn't be tethered to a non-government entity. Other states do not require CCCs for licensure. The VA board should create its own set of criteria without tying it to a requirement of membership in a private organization.  Physical therapists and occupational therapists are not required to pay their representative bodies in order to be considered eligible for state licensure. So why should SLPs? Each state licensure board requires continuing education; therefore, there's no reason for ASHA certification/membership to be necessary.  - MS, CCC-SLP for 25+ years in various settings including hospital, home-based, school, and private practice	1/29/23 8:51 pm CommentID:207963
Suzanne Dailey, M.S., CCC-SLP, Petitioner	Survey of SLPs STRONGLY SUPPORT this petition	I have emailed the board directly with a screen capture of a survey I conducted on the group "Speech Pathologists at Large" (facebook SLP group). The poll in question was titled, "Do you think that your state licensure should be contingent upon your membership to ASHA?" The response choices were "Yes," "No," and "Not sure." Of 361 respondents, 96% responded with "No," with two percent responding with both "Yes" and "Not sure." Creating a poll was a quick and easy way to gauge SLPs' stance on this without them needing to	1/31/23 1:53 pm CommentID:208170

		take the time to fill out a comment on a petition. Please see the email I sent you all to view the results directly yourselves. Thank you, Suzanne	
Dani	Strongly support	Strongly support	1/31/23 3:30 pm CommentID:208195
Donna Bryant	Consideration	I believe it is important to ensure that licensed SLPs have attended an accredited program, passed a competency exam, and completed a clinical fellowship to learn clinical skills not completed in graduate school. This is the case with the ASHA CCCs as a pathway to initial licensure. If they are not required , an alternate pathway should include those pieces.	1/31/23 11:59 pm CommentID:208282

Virginia Administrative Code  
Title 18. Professional And Occupational Licensing  
Agency 30. Board of Audiology And Speech-Language Pathology  
Chapter 21. Regulations Governing Audiology and Speech-Language Pathology

## Part II. Requirements for Licensure

### 18VAC30-21-60. Qualifications for initial licensure.

A. The board may grant an initial license to an applicant for licensure in audiology who:

1. Holds a current and unrestricted Certificate of Clinical Competence issued by ASHA;
2. Holds a current and unrestricted certification issued by the ABA or any other accrediting body recognized by the board and provides documentation of having passed the qualifying examination from an accrediting body recognized by the board; or
3. Provides documentation of (i) graduation from an audiology program accredited by the Council on Academic Accreditation of ASHA or an equivalent accrediting body as recognized by the board; and (ii) having passed the qualifying examination from an accrediting body recognized by the board.

B. The board may grant an initial license to an applicant for licensure in speech-language pathology who holds a current and unrestricted Certificate of Clinical Competence issued by ASHA.

C. The board may grant a license to an applicant as a school speech-language pathologist who holds a master's degree in speech-language-pathology.

D. The board may refuse to issue a license to any applicant who has been determined to have committed an act in violation of 18VAC30-21-160.

#### **Statutory Authority**

§54.1-2400 of the Code of Virginia.

#### **Historical Notes**

Derived from Virginia Register Volume 32, Issue 23, eff. August 10, 2016; amended, Virginia Register Volume 39, Issue 7, eff. January 5, 2023.

**DRAFT**

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# *Virginia's Audiologist Workforce: 2022*

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Healthcare Workforce Data Center

August 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 500 Audiologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

Yetty Shobo, PhD  
*Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle  
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Jacquelyne Assi Abe  
*Intern*

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## ***Executive Director***

Leslie L. Knachel



# Contents

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Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates .....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education .....	8
Specializations & Credentials.....	9
Current Employment Situation .....	10
Employment Quality.....	11
2022 Labor Market .....	12
Work Site Distribution .....	13
Establishment Type .....	14
Languages.....	16
Time Allocation .....	17
Patient Workload .....	18
Retirement & Future Plans .....	19
Full-Time Equivalency Units.....	21
<b>Maps .....</b>	<b>22</b>
Virginia Performs Regions .....	22
Area Health Education Center Regions .....	23
Workforce Investment Areas .....	24
Health Services Areas .....	25
Planning Districts.....	26
<b>Appendix .....</b>	<b>27</b>
Weights .....	27

# The Audiologist Workforce At a Glance:

## The Workforce

Licenses:	601
Virginia's Workforce:	449
FTEs:	405

## Background

Rural Childhood:	23%
HS Degree in VA:	39%
Prof. Degree in VA:	31%

## Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	82%
Satisfied?:	93%

## Survey Response Rate

All Licenses:	84%
Renewing Practitioners:	96%

## Education

AuD:	78%
Masters:	16%

## Job Turnover

Switched Jobs:	4%
Employed Over 2 Yrs:	65%

## Demographics

Female:	87%
Diversity Index:	21%
Median Age:	45

## Finances

Median Income:	\$80k-\$90k
Health Benefits:	60%
Under 40 w/ Ed Debt:	62%

## Primary Roles

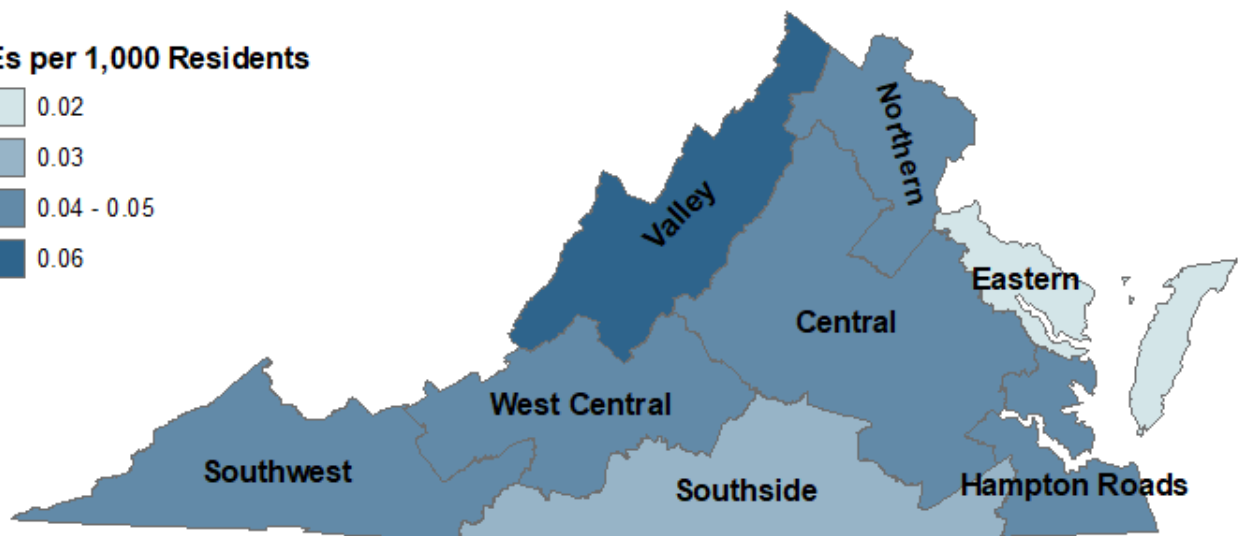
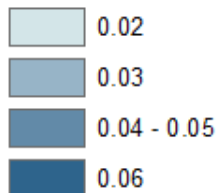
Client Care:	76%
Administration:	4%
Non-Clinical Edu.:	1%

Source: Va. Healthcare Workforce Data Center

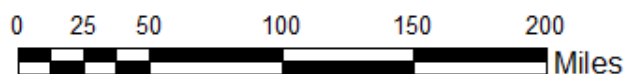
## Full-Time Equivalency Units Provided by Audiologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Audiologist Workforce Survey. More than 500 audiologists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for audiologists. These survey respondents represent 84% of the 601 audiologists licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 449 audiologists participated in Virginia's workforce during the survey period, which is defined as those audiologists who worked at least a portion of the year in the state or who live in the state and intend to work as an audiologist at some point in the future. Over the past year, Virginia's audiologist workforce provided 405 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly nine out of every ten audiologists are female, and the median age of this workforce is 45. In a random encounter between two audiologists, there is a 21% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index decreases to 20% among those audiologists who are under the age of 40. Both of these values are well below the comparable diversity index of 58% for Virginia's population as a whole. Nearly one-quarter of all audiologists grew up in a rural area, and 13% of audiologists who grew up in a rural area currently work in a non-metro area of Virginia. In total, 6% of all audiologists work in a non-metro area of the state.

Among all audiologists, 96% are currently employed in the profession, 82% hold one full-time job, and 58% work between 40 and 49 hours per week. More than four out of every five audiologists are employed in the private sector, including 68% who work in the for-profit sector. The median annual income of Virginia's audiology workforce is between \$80,000 and \$90,000, and 71% of audiologists receive this income in the form of a salary. In addition, 85% of wage and salaried audiologists receive at least one employer sponsored benefit, including 60% who have access to health insurance. More than nine out of every ten audiologists indicated that they are satisfied with their current work situation, including 65% of audiologists who indicated that they are "very satisfied."

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2017 audiologist workforce. The number of licensed audiologists in Virginia has increased by 12% (601 vs. 535). In addition, the size of Virginia's audiology workforce has increased by 10% (449 vs. 410), and the number of FTEs provided by this workforce has increased by 11% (405 vs. 365). Virginia's renewing audiologists are more likely to respond to this survey (96% vs. 91%).

Although females continue to constitute the vast majority of Virginia's audiologists, their percentage in the workforce has fallen (87% vs. 91%). This is also the case among those audiologists who are under the age of 40 (90% vs. 99%). Virginia's audiology workforce has become slightly more diverse (21% vs. 20%) during a time in which Virginia's overall population has also become more diverse (58% vs. 56%). Audiologists are less likely to have grown up in a rural area (23% vs. 26%), and audiologists who grew up in a rural area are less likely to work in a non-metro area of Virginia (13% vs. 15%). The percentage of all audiologists who work in a non-metro area of the state has also fallen (6% vs. 7%).

Audiologists are more likely to carry a Doctorate of Audiology (AuD) as their highest professional degree (78% vs. 67%) instead of a Master's degree (16% vs. 24%). Audiologists are more likely to carry education debt (36% vs. 30%), and the median debt amount among those with education debt has increased (\$90k-\$100k vs. \$60k-\$70k). At the same time, the median annual income of Virginia's audiologists has increased (\$80k-\$90k vs. \$70k-\$80k), and audiologists are more likely to receive this income in the form of a salary (71% vs. 64%) instead of an hourly wage (14% vs. 19%).

Audiologists are more likely to be employed in the profession (96% vs. 94%), hold one full-time job (82% vs. 75%), and work between 40 and 49 hours per week (58% vs. 52%). Audiologists are more likely to work in a group private practice (31% vs. 20%) instead of a solo private practice (12% vs. 16%). Overall, audiologists less likely to indicate that they are satisfied with their current work situation (93% vs. 98%). A lower percentage of audiologists also indicated that they are "very satisfied" with their current work situation (65% vs. 70%).

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	508	85%
New Licensees	40	7%
Non-Renewals	53	9%
<b>All Licensees</b>	<b>601</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing audiologists, 96% submitted a survey. These represent 84% of all audiologists who held a license at some point in the past year.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2022.
- 2. Target Population:** All audiologists who held a Virginia license at some point between July 2021 and June 2022.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2022.

**Response Rates**

Statistic	Non Respondents	Respondent	Response Rate
<b>By Age</b>			
Under 30	16	46	74%
30 to 34	20	62	76%
35 to 39	13	63	83%
40 to 44	12	58	83%
45 to 49	12	70	85%
50 to 54	5	51	91%
55 to 59	4	50	93%
60 and Over	13	106	89%
<b>Total</b>	<b>95</b>	<b>506</b>	<b>84%</b>
<b>New Licenses</b>			
Issued in Past Year	22	18	45%
<b>Metro Status</b>			
Non-Metro	9	27	75%
Metro	42	334	89%
Not in Virginia	44	145	77%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

Completed Surveys	<b>506</b>
Response Rate, All Licensees	<b>84%</b>
Response Rate, Renewals	<b>96%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Audiologists**

Number: 601  
 New: 7%  
 Not Renewed: 9%

**Survey Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2022 Audiologist Workforce: 449  
 FTEs: 405

### Utilization Ratios

Licensees in VA Workforce: 75%  
 Licensees per FTE: 1.48  
 Workers per FTE: 1.11

Source: Va. Healthcare Workforce Data Center

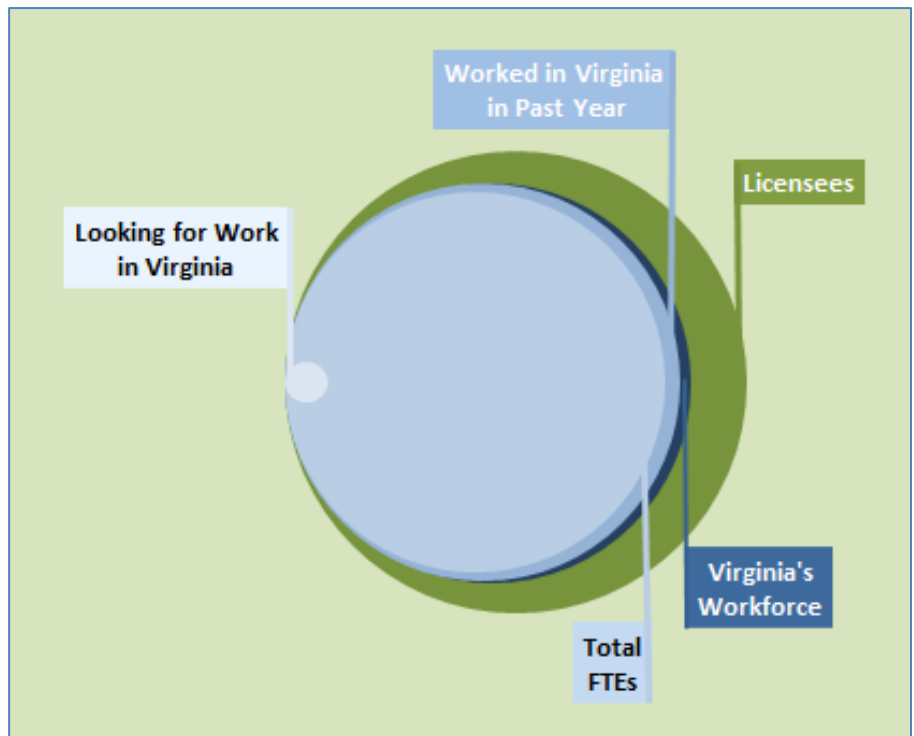
## Definitions

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

### Audiologist Workforce

Status	#	%
Worked in Virginia in Past Year	443	99%
Looking for Work in Virginia	5	1%
Virginia's Workforce	449	100%
Total FTEs	405	
Licensees	601	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	3	6%	46	95%	48	13%
30 to 34	7	13%	46	87%	53	14%
35 to 39	6	13%	39	87%	45	12%
40 to 44	2	6%	35	94%	37	10%
45 to 49	6	12%	41	88%	47	13%
50 to 54	1	4%	27	96%	28	8%
55 to 59	10	29%	25	71%	35	10%
60 and Over	14	19%	59	81%	73	20%
<b>Total</b>	<b>49</b>	<b>13%</b>	<b>318</b>	<b>87%</b>	<b>366</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	60%	331	89%	133	89%
Black	19%	13	3%	1	1%
Asian	7%	12	3%	6	4%
Other Race	0%	1	0%	1	1%
Two or More Races	3%	6	2%	4	3%
Hispanic	10%	9	2%	4	3%
<b>Total</b>	<b>100%</b>	<b>372</b>	<b>100%</b>	<b>149</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

Two out of every five audiologists are under the age of 40, and 90% of audiologists who are under the age of 40 are female. In addition, audiologists who are under the age of 40 have a diversity index of 20%.

At a Glance:

**Gender**

% Female: 87%  
% Under 40 Female: 90%

**Age**

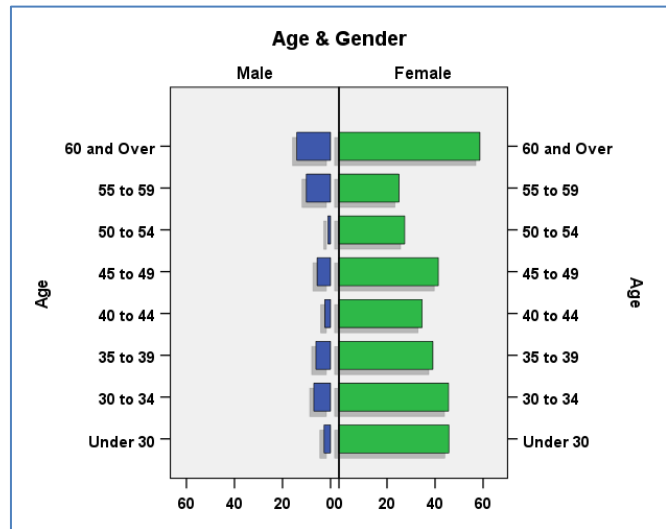
Median Age: 45  
% Under 40: 40%  
% 55+: 30%

**Diversity**

Diversity Index: 21%  
Under 40 Div. Index: 20%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is a 21% chance that they would be of different races or ethnicities (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 58%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 11%  
 Rural Childhood: 23%

### Virginia Background

HS in Virginia: 39%  
 Prof. Education in VA: 31%  
 HS/Prof. Edu. in VA: 47%

### Location Choice

% Rural to Non-Metro: 13%  
 % Urban/Suburban to Non-Metro: 5%

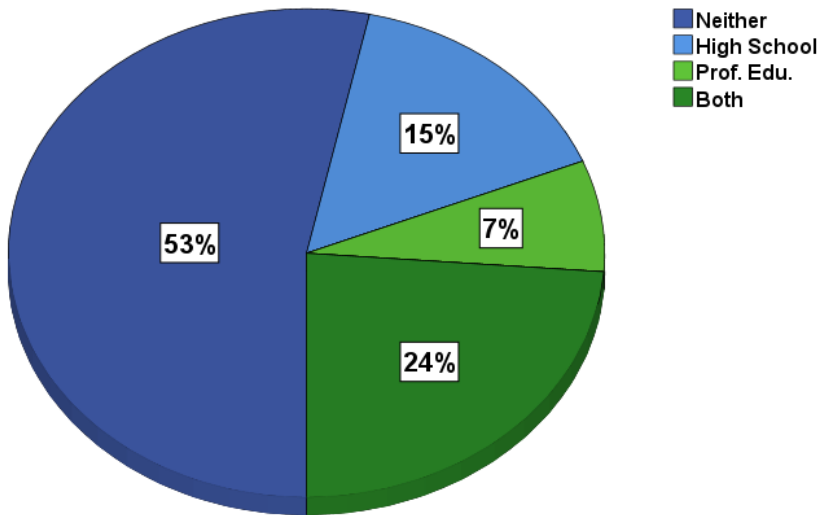
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	73%	8%
2	Metro, 250,000 to 1 Million	24%	60%	16%
3	Metro, 250,000 or Less	34%	57%	9%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	38%	0%	63%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	33%	0%	67%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	43%	57%	0%
8	Rural, Metro Adjacent	100%	0%	0%
9	Rural, Non-Adjacent	67%	33%	0%
<b>Overall</b>		<b>23%</b>	<b>67%</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

**Educational Background in Virginia**



Source: Va. Healthcare Workforce Data Center

*Nearly one-quarter of all audiologists grew up in a self-described rural area, and 13% of audiologists who grew up in a rural area currently work in a non-metro county. In total, 6% of all audiologists currently work in a non-metro county.*

## Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	145	Virginia	114
2	New York	25	Tennessee	33
3	Maryland	24	Washington, D.C.	22
4	Ohio	16	Maryland	22
5	Pennsylvania	14	Pennsylvania	20
6	New Jersey	13	Ohio	17
7	West Virginia	13	New York	17
8	Michigan	12	West Virginia	16
9	Illinois	12	North Carolina	12
10	Florida	11	Michigan	10

Source: Va. Healthcare Workforce Data Center

*Nearly two out of every five audiologists received their high school degree in Virginia, and 31% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	35	Virginia	16
2	Pennsylvania	8	Maryland	13
3	New York	8	Tennessee	12
4	Maryland	7	Pennsylvania	9
5	New Jersey	7	Washington, D.C.	8
6	Illinois	6	West Virginia	6
7	Florida	6	Ohio	5
8	West Virginia	4	Florida	4
9	Minnesota	4	New York	4
10	Outside U.S./Canada	3	Michigan	4

Source: Va. Healthcare Workforce Data Center

*Among audiologists who obtained their license in the past five years, 31% received their high school degree in Virginia, and 14% received their initial professional degree in the state.*

*One-fourth of licensed audiologists did not participate in Virginia's workforce in the past year. More than 90% of these audiologists worked at some point in the past year, including 84% who are currently employed as audiologists.*

### At a Glance:

#### Not in VA Workforce

Total:	152
% of Licensees:	25%
Federal/Military:	14%
Va. Border State/DC:	32%

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	59	16%
AuD	284	78%
PhD	21	6%
Other Doctorate Degree	1	0%
<b>Total</b>	<b>366</b>	<b>100%</b>

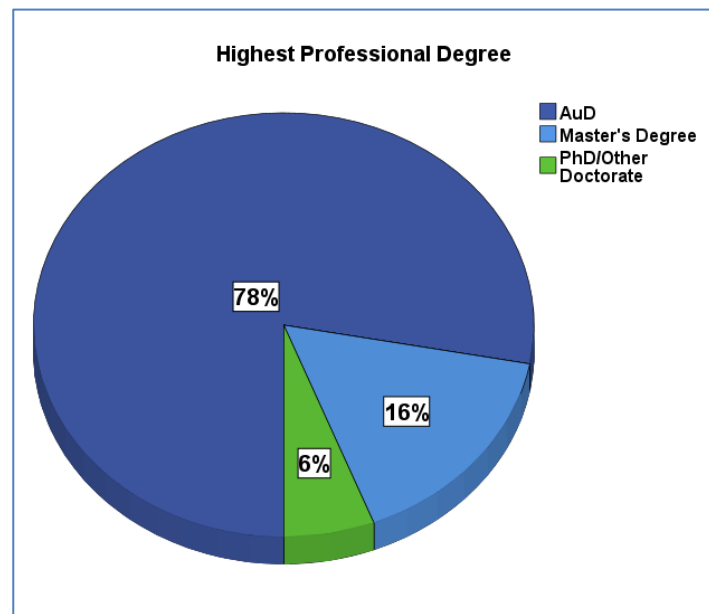
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Doctor of Audiology: 78%  
 Master's Degree: 16%

**Education Debt**  
 Carry Debt: 36%  
 Under Age 40 w/ Debt: 62%  
 Median Debt: \$90k-\$100k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of audiologists currently have education debt, including 62% of those who are under the age of 40. For those with education debt, the median outstanding balance on their loans is between \$90,000 and \$100,000.

More than three-quarters of all audiologists hold a Doctorate of Audiology (AuD) as their highest professional degree.

Amount Carried	Education Debt			
	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	202	64%	50	36%
Less than \$10,000	6	2%	2	1%
\$10,000-\$19,999	8	3%	2	1%
\$20,000-\$29,999	4	1%	4	3%
\$30,000-\$39,999	6	2%	5	4%
\$40,000-\$49,999	5	2%	1	1%
\$50,000-\$59,999	11	3%	10	7%
\$60,000-\$69,999	4	1%	4	3%
\$70,000-\$79,999	8	3%	6	4%
\$80,000-\$89,999	6	2%	6	4%
\$90,000-\$99,999	11	3%	8	6%
\$100,000 or More	46	15%	37	27%
<b>Total</b>	<b>317</b>	<b>100%</b>	<b>135</b>	<b>98%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specialties

Hearing Aids/Devices:	53%
Geriatrics:	26%
Pediatrics:	25%

### Top Credentials

CCC-A Audiology:	65%
Hearing Aid Disp. License:	50%
F-AAA Fellow:	29%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
Hearing Aids/Devices	240	53%
Geriatrics	116	26%
Pediatrics	111	25%
Vestibular	86	19%
Cochlear Implants	49	11%
Educational	47	10%
Occupational Hearing Conservation	42	9%
Intraoperative Monitoring	7	2%
Other	36	8%
<b>Total</b>	<b>302</b>	<b>67%</b>

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
CCC-A: Audiology	292	65%
Hearing Aid Dispenser License	223	50%
F-AAA Fellow	131	29%
ABA Certification	21	5%
CCC-SLP: Speech-Language Pathology	8	2%
PASC: Pediatric Audiology	5	1%
Other	12	3%
<b>Total</b>	<b>350</b>	<b>78%</b>

Source: Va. Healthcare Workforce Data Center

*Two-thirds of all audiologists have at least one self-designated specialty, while 78% have at least one credential.*

## At a Glance:

### Employment

Employed in Profession: 96%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 82%  
2 or More Positions: 5%

### Weekly Hours:

40 to 49: 58%  
60 or More: 4%  
Less Than 30: 8%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in an Audiologist-Related Capacity	354	96%
Employed, NOT in an Audiologist-Related Capacity	5	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	1%
Voluntarily Unemployed	4	1%
Retired	2	1%
<b>Total</b>	<b>368</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	8	2%
One Part-Time Position	39	11%
Two Part-Time Positions	4	1%
One Full-Time Position	298	82%
One Full-Time Position & One Part-Time Position	15	4%
Two Full-Time Positions	0	0%
More than Two Positions	1	0%
<b>Total</b>	<b>365</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all audiologists, 96% are currently employed in the profession, 82% have one full-time job, and 58% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	8	2%
1 to 9 Hours	5	1%
10 to 19 Hours	9	3%
20 to 29 Hours	14	4%
30 to 39 Hours	76	21%
40 to 49 Hours	208	58%
50 to 59 Hours	21	6%
60 to 69 Hours	8	2%
70 to 79 Hours	5	1%
80 or More Hours	2	1%
<b>Total</b>	<b>356</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	0	0%
Less Than \$20,000	7	2%
\$20,000-\$29,999	5	2%
\$30,000-\$39,999	6	2%
\$40,000-\$49,999	5	2%
\$50,000-\$59,999	15	5%
\$60,000-\$69,999	33	12%
\$70,000-\$79,999	46	16%
\$80,000-\$89,999	46	16%
\$90,000-\$99,999	40	14%
\$100,000-\$109,999	38	13%
\$110,000-\$119,999	13	5%
\$120,000 or More	29	11%
<b>Total</b>	<b>283</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Annual Earnings**

Median Income: \$80k-\$90k

**Benefits**

Health Insurance: 60%

Retirement: 72%

**Satisfaction**

Satisfied: 93%

Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

*The typical audiologist earns between \$80,000 and \$90,000 per year. In addition, 85% of wage and salaried audiologists receive at least one employer-sponsored benefit, including 60% who have access to health insurance.*

Job Satisfaction		
Level	#	%
Very Satisfied	231	65%
Somewhat Satisfied	101	28%
Somewhat Dissatisfied	23	7%
Very Dissatisfied	2	1%
<b>Total</b>	<b>358</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	258	73%	82%
Retirement	232	66%	72%
Paid Sick Leave	202	57%	66%
Health Insurance	189	53%	60%
Dental Insurance	160	45%	52%
Group Life Insurance	119	34%	39%
Signing/Retention Bonus	17	5%	5%
<b>At Least One Benefit</b>	<b>269</b>	<b>76%</b>	<b>85%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	4	1%
Experience Voluntary Unemployment?	17	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2	< 1%
Work Two or More Positions at the Same Time?	21	5%
Switch Employers or Practices?	19	4%
Experience At Least One?	<b>58</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia’s audiologists experienced involuntary unemployment at some point over the past year. For comparison, Virginia’s average monthly unemployment rate was 3.1%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	5	1%	4	5%
Less than 6 Months	15	4%	7	9%
6 Months to 1 Year	37	11%	2	3%
1 to 2 Years	62	18%	20	25%
3 to 5 Years	62	18%	15	19%
6 to 10 Years	66	19%	14	18%
More than 10 Years	99	29%	18	23%
<b>Subtotal</b>	<b>347</b>	<b>100%</b>	<b>80</b>	<b>100%</b>
Did Not Have Location	8		368	
Item Missing	94		1	
<b>Total</b>	<b>449</b>		<b>449</b>	

Source: Va. Healthcare Workforce Data Center

*More than seven out of every ten audiologists receive a salary or commission at their primary work location.*

## At a Glance:

**Unemployment Experience**  
 Involuntarily Unemployed: 1%  
 Underemployed: < 1%

**Turnover & Tenure**  
 Switched: 4%  
 New Location: 18%  
 Over 2 Years: 65%  
 Over 2 Yrs., 2<sup>nd</sup> Location: 59%

**Employment Type**  
 Salary/Commission: 71%  
 Hourly Wage: 14%

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of audiologists have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	188	71%
Hourly Wage	37	14%
By Contract/Per Diem	8	3%
Business/Practice Income	30	11%
Unpaid	1	0%
<b>Subtotal</b>	<b>264</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 4.2%. At the time of publication, the unemployment rate for June 2022 was still preliminary.

## At a Glance:

### Concentration

Top Region:	35%
Top 3 Regions:	75%
Lowest Region:	1%

### Locations

2 or More (Past Year):	23%
2 or More (Now*):	22%

Source: Va. Healthcare Workforce Data Center

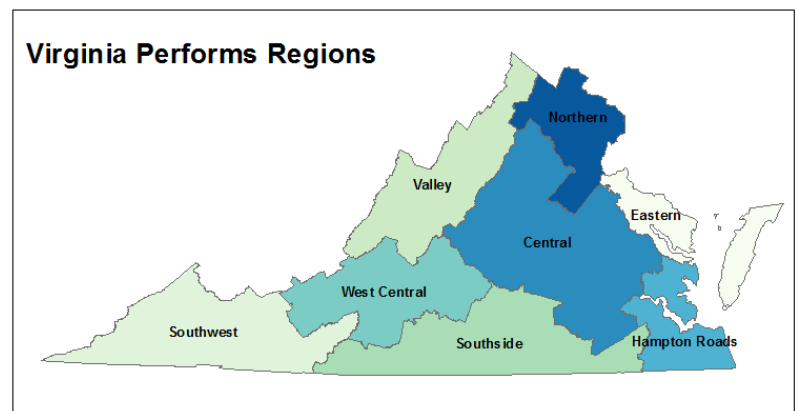
Three out of every four audiologists in the state work in Northern Virginia, Hampton Roads, and Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	59	17%	12	15%
Eastern	4	1%	0	0%
Hampton Roads	79	23%	16	20%
Northern	123	35%	26	33%
Southside	10	3%	2	3%
Southwest	14	4%	3	4%
Valley	25	7%	5	6%
West Central	27	8%	3	4%
Virginia Border State/D.C.	5	1%	6	8%
Other U.S. State	2	1%	7	9%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>348</b>	<b>100%</b>	<b>80</b>	<b>100%</b>
Item Missing	92		1	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all audiologists, 22% currently have multiple work locations, while 23% have had multiple work location over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	5	2%	9	3%
1	265	76%	265	76%
2	48	14%	45	13%
3	24	7%	24	7%
4	1	0%	1	0%
5	2	1%	1	0%
6 or More	5	1%	5	1%
<b>Total</b>	<b>351</b>	<b>100%</b>	<b>350</b>	<b>100%</b>

\*At the time of survey completion, June 2022.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	226	68%	54	73%
<b>Non-Profit</b>	50	15%	14	19%
<b>State/Local Government</b>	31	9%	2	3%
<b>Veterans Administration</b>	11	3%	2	3%
<b>U.S. Military</b>	11	3%	1	1%
<b>Other Federal Gov't</b>	4	1%	1	1%
<b>Total</b>	<b>333</b>	<b>100%</b>	<b>74</b>	<b>100%</b>
<b>Did Not Have Location</b>	8		368	
<b>Item Missing</b>	109		5	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For Profit:	68%
Federal:	8%

**Top Establishments**

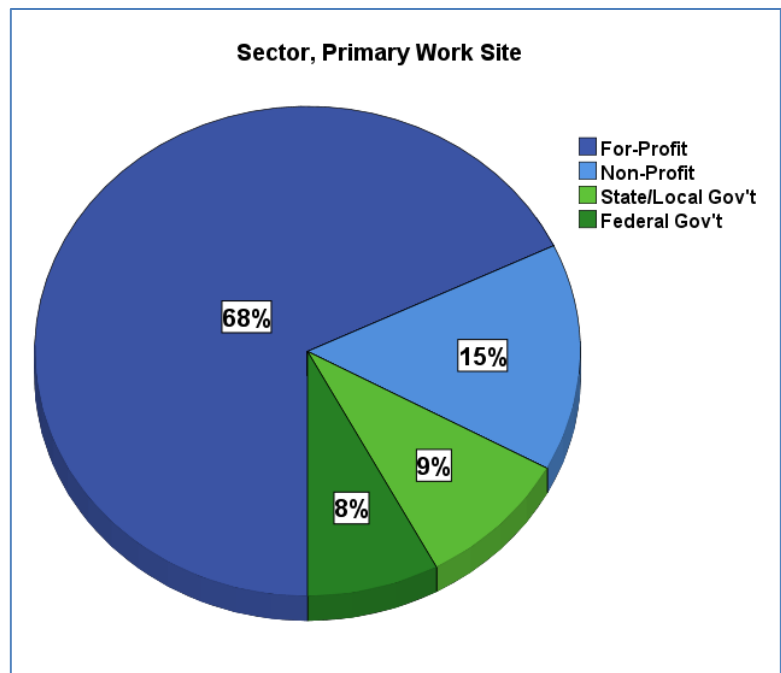
Private Practice (Group):	31%
Physician Office:	19%
Hospital (Outpatient):	18%

**Payment Method**

Cash/Self-Pay:	58%
Private Insurance:	56%

Source: Va. Healthcare Workforce Data Center

More than 80% of audiologists work in the private sector, including 68% who work at for-profit establishments. Another 8% of Virginia's audiologists work for the federal government.



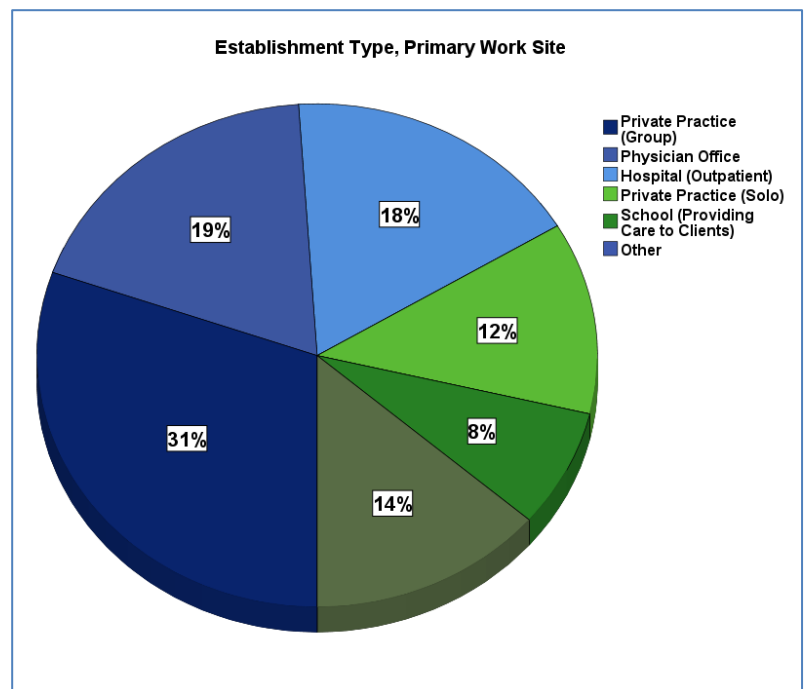
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Private Practice (Group)</b>	97	31%	18	24%
<b>Physician Office</b>	59	19%	14	19%
<b>Hospital (Outpatient)</b>	56	18%	15	20%
<b>Private Practice (Solo)</b>	39	12%	10	14%
<b>School (Providing Care to Clients)</b>	24	8%	3	4%
<b>Community-Based Clinic or Health Center</b>	10	3%	4	5%
<b>Academic Institution (Teaching Health Professions Students or Research)</b>	8	3%	1	1%
<b>Administrative/Business Organization</b>	5	2%	3	4%
<b>Hospital (Inpatient)</b>	3	1%	0	0%
<b>Home Health Care</b>	0	0%	1	1%
<b>Outpatient Surgical Center</b>	0	0%	1	1%
<b>Other</b>	17	5%	4	5%
<b>Total</b>	<b>318</b>	<b>100%</b>	<b>74</b>	<b>100%</b>
<b>Did Not Have a Location</b>	8		368	

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all audiologists work at group private practices, the most of any establishment type in the state. Another 19% work at physicians' offices.

Among those audiologists who also have a secondary work location, 24% work at group private practices and 20% work at the outpatient department of hospitals. Cash or self-pay is the most commonly accepted form of payment among Virginia's audiologists.



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment Type	#	% of Workforce
<b>Cash or Self-Pay</b>	260	58%
<b>Private Insurance</b>	253	56%
<b>Medicare</b>	232	52%
<b>Medicaid</b>	177	39%

Source: Va. Healthcare Workforce Data Center



## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	22%
Korean:	11%
Arabic:	11%

### Means of Communication

Virtual Translation:	46%
Other Staff Member:	44%
Onsite Translation:	37%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	98	22%
Korean	51	11%
Arabic	50	11%
Hindi	50	11%
Chinese	46	10%
French	46	10%
Vietnamese	44	10%
Persian	43	10%
Tagalog/Filipino	42	9%
Urdu	41	9%
Amharic, Somali, or Other Afro-Asiatic Languages	38	8%
Pashto	36	8%
Other Language	46	10%
<b>At Least One Language</b>	<b>123</b>	<b>27%</b>

Source: Va. Healthcare Workforce Data Center

Among all audiologists, 22% are employed at a primary work location that offers Spanish language services for patients.

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Service	57	46%
Other Staff Member is Proficient	54	44%
Onsite Translation Service	45	37%
Respondent is Proficient	30	24%
Other	3	2%

Source: Va. Healthcare Workforce Data Center

Nearly half of all audiologists who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

## At a Glance: (Primary Locations)

### Typical Time Allocation

Client Care: 70%-79%  
Administration: 10%-19%

### Roles

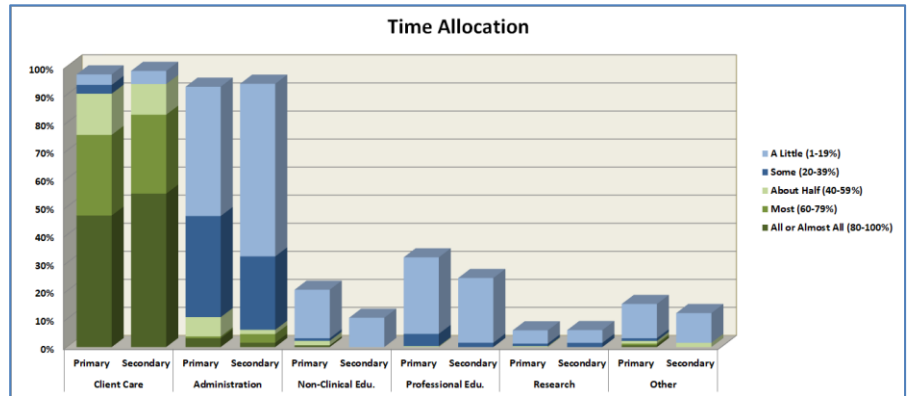
Patient Care: 76%  
Administration: 4%

### Patient Care Audiologists

Median Admin Time: 10%-19%  
Avg. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*Audiologists spend approximately three-quarters of their time in client care activities. In fact, 76% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.*

## Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	47%	53%	3%	2%	1%	0%	0%	0%	0%	0%	1%	0%
<b>Most (60-79%)</b>	29%	27%	1%	3%	0%	0%	0%	0%	0%	0%	1%	0%
<b>About Half (40-59%)</b>	15%	11%	7%	2%	2%	0%	0%	0%	0%	0%	1%	2%
<b>Some (20-39%)</b>	3%	0%	36%	26%	1%	0%	4%	2%	1%	2%	1%	0%
<b>A Little (1-19%)</b>	4%	5%	46%	61%	17%	11%	27%	23%	5%	5%	12%	11%
<b>None (0%)</b>	3%	2%	7%	6%	79%	91%	68%	74%	94%	94%	84%	88%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

**Weekly Patient Totals**

(Median)

Primary Location: 30-39  
 Secondary Location: 10-19  
 Total: 30-39

**% with Group Sessions**

Primary Location: 9%  
 Secondary Location: 3%

Source: Va. Healthcare Workforce Data Center

Weekly Patients Totals						
Number of Patients	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
None	19	6%	7	9%	18	5%
1-9	27	8%	21	27%	16	5%
10-19	44	13%	19	24%	34	10%
20-29	55	17%	19	24%	53	16%
30-39	67	20%	4	5%	58	18%
40-49	53	16%	6	8%	53	16%
50-59	37	11%	1	1%	46	14%
60-69	14	4%	0	0%	25	8%
70-79	9	3%	0	0%	14	4%
80 or More	8	2%	1	1%	14	4%
<b>Total</b>	<b>333</b>	<b>100%</b>	<b>78</b>	<b>100%</b>	<b>331</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Audiologists typically treat between 30 and 39 patients per week at their primary work location. In addition, audiologists who also have a secondary work location treat an additional 10 to 19 patients per week.*

Weekly Patient Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	14	4%	301	91%	7	9%	75	97%
1-9	34	10%	25	8%	23	29%	1	1%
10-19	49	15%	1	0%	19	24%	0	0%
20-29	52	16%	2	1%	19	24%	0	0%
30-39	73	22%	1	0%	3	4%	1	1%
40-49	53	16%	0	0%	8	10%	0	0%
50-59	31	9%	0	0%	1	1%	0	0%
60-69	11	3%	0	0%	0	0%	0	0%
70-79	5	2%	0	0%	0	0%	0	0%
80 or More	5	2%	1	0%	0	0%	0	0%
<b>Total</b>	<b>327</b>	<b>100%</b>	<b>332</b>	<b>100%</b>	<b>79</b>	<b>100%</b>	<b>77</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of patients treated per week across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
<b>Under Age 50</b>	5	2%	-	-
<b>50 to 54</b>	7	2%	0	0%
<b>55 to 59</b>	30	10%	5	5%
<b>60 to 64</b>	92	30%	23	21%
<b>65 to 69</b>	107	35%	46	43%
<b>70 to 74</b>	35	12%	17	16%
<b>75 to 79</b>	7	2%	3	3%
<b>80 or Over</b>	2	1%	2	2%
<b>I Do Not Intend to Retire</b>	18	6%	12	11%
<b>Total</b>	<b>303</b>	<b>100%</b>	<b>108</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Audiologists**

Under 65: 44%  
Under 60: 14%

**Audiologists 50 and Over**

Under 65: 26%  
Under 60: 5%

**Time Until Retirement**

Within 2 Years: 5%  
Within 10 Years: 20%  
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

*More than two out of every five audiologists expect to retire by the age of 65. Among those audiologists who are age 50 or over, 26% expect to retire by the age of 65.*

*Within the next two years, 4% of audiologists expect to increase their client care hours. In addition, 5% of audiologists also expect to pursue additional educational opportunities.*

Future Plans		
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	12	3%
<b>Leave Virginia</b>	15	3%
<b>Decrease Client Care Hours</b>	22	5%
<b>Decrease Teaching Hours</b>	1	0%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	18	4%
<b>Increase Teaching Hours</b>	15	3%
<b>Pursue Additional Education</b>	21	5%
<b>Return to Virginia's Workforce</b>	0	0%

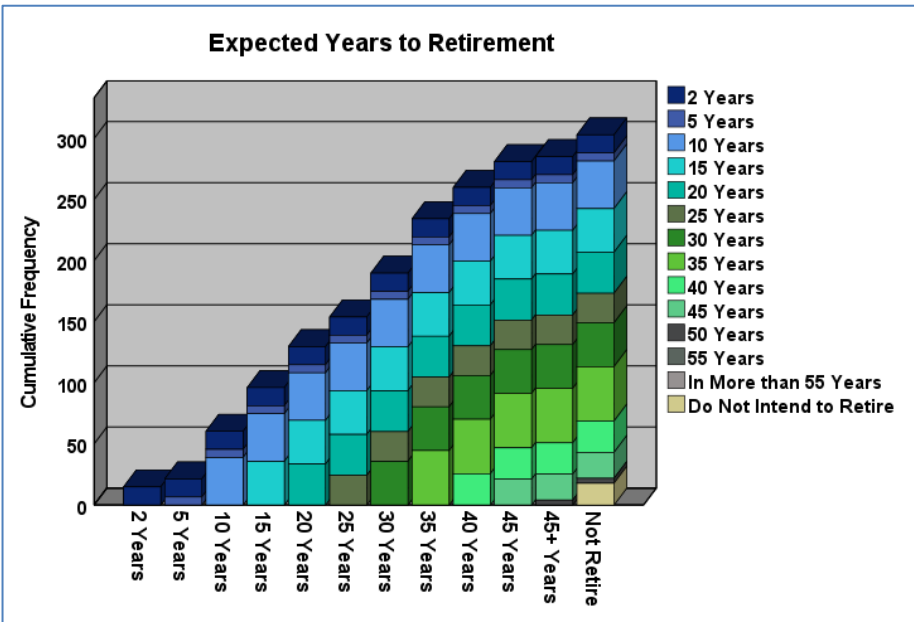
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 5% of audiologists expect to retire in the next two years, while 20% plan to retire in the next ten years. Half of the current audiology workforce expect to retire by 2047.

### Time to Retirement

Expect to Retire Within . . .	#	%	Cumulative %
2 Years	15	5%	5%
5 Years	7	2%	7%
10 Years	39	13%	20%
15 Years	36	12%	32%
20 Years	34	11%	43%
25 Years	24	8%	51%
30 Years	36	12%	63%
35 Years	45	15%	78%
40 Years	26	9%	86%
45 Years	21	7%	93%
50 Years	4	1%	95%
55 Years	0	0%	95%
In More than 55 Years	0	0%	95%
Do Not Intend to Retire	18	6%	100%
<b>Total</b>	<b>303</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years starting in 2032. Retirement will peak at 15% of the current workforce around 2057 before declining to under 10% of the current workforce again around 2062.

## At a Glance:

### FTEs

Total: 405  
 FTEs/1,000 Residents<sup>3</sup>: 0.047  
 Average: 0.92

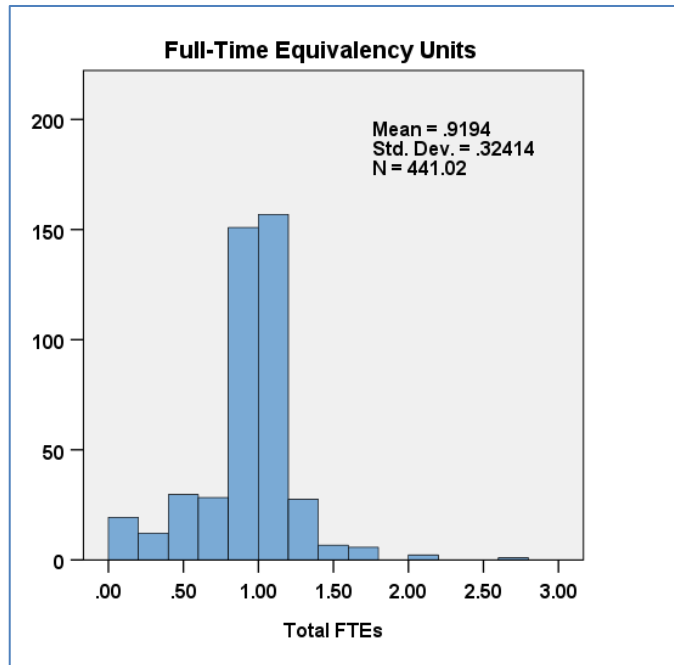
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

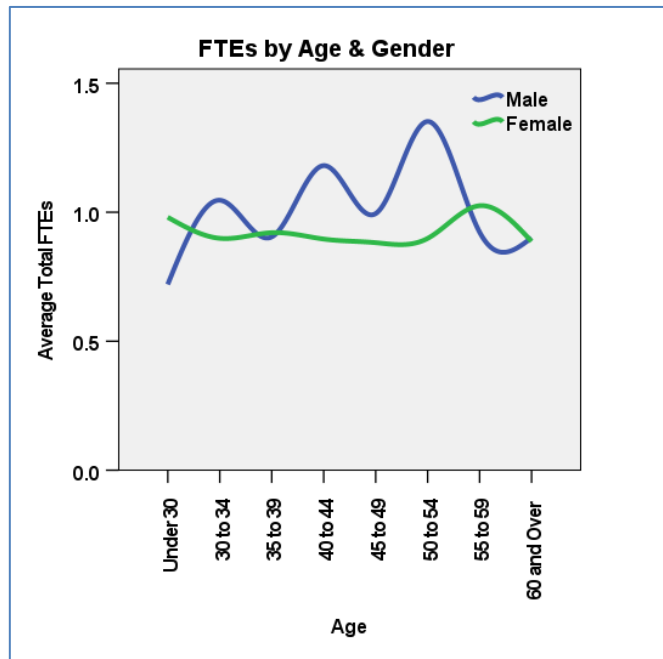


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.96 FTEs in the past year, or about 38 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by age or gender<sup>4</sup>.

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.93	1.03
30 to 34	0.91	1.01
35 to 39	0.90	0.93
40 to 44	0.89	0.83
45 to 49	0.94	1.09
50 to 54	0.89	0.83
55 to 59	1.02	1.09
60 and Over	0.88	0.85
<b>Gender</b>		
Male	0.95	1.09
Female	0.92	0.96

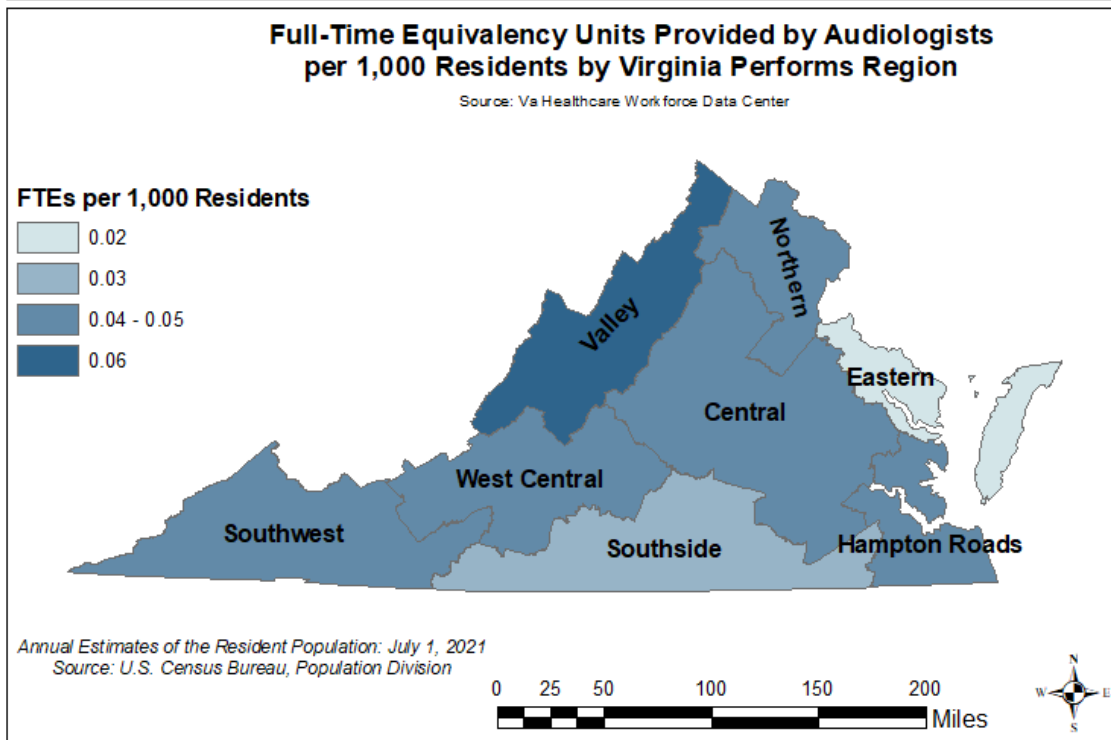
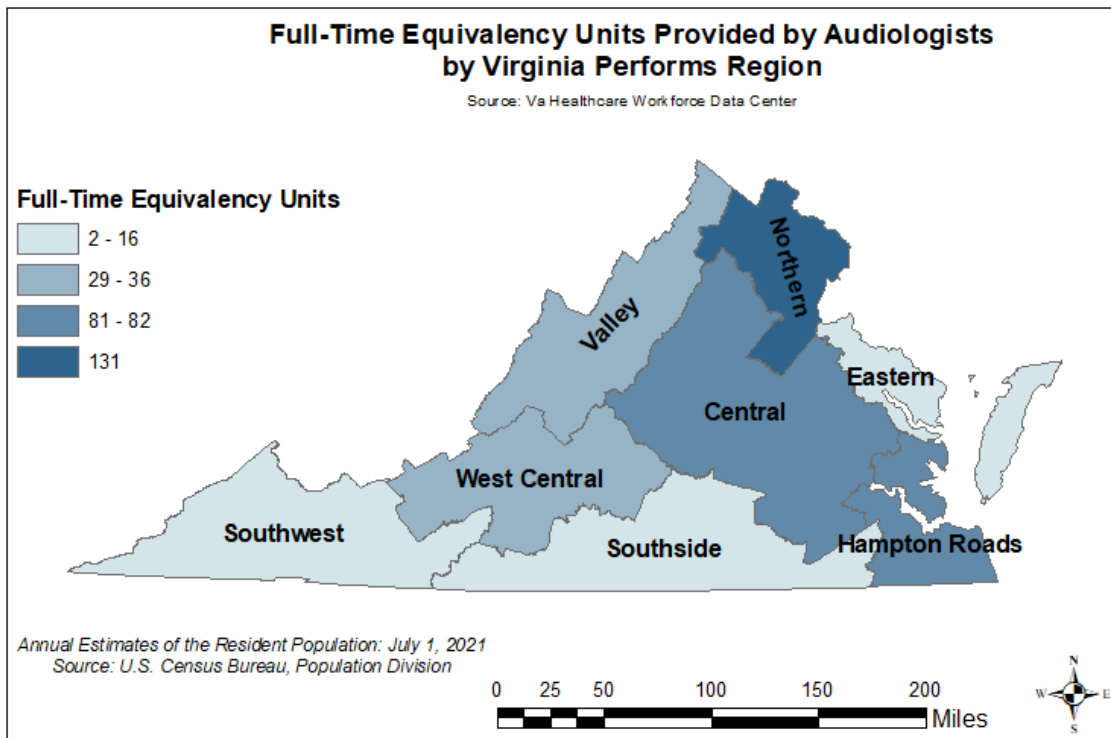
Source: Va. Healthcare Workforce Data Center

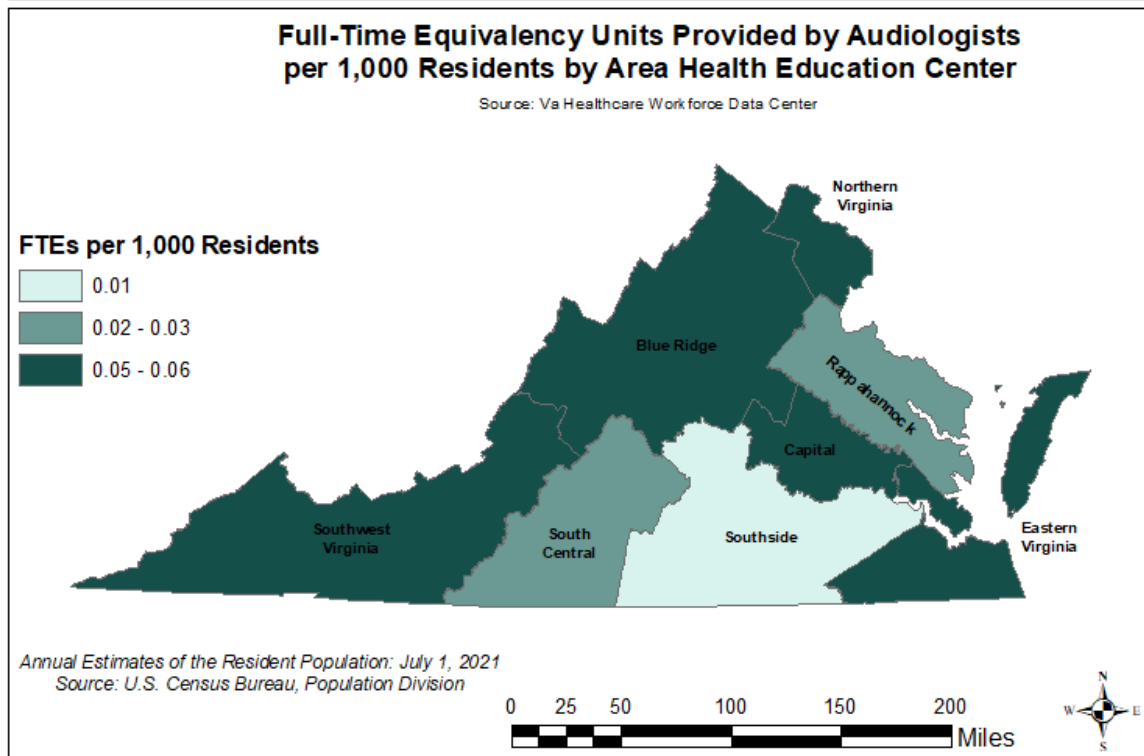
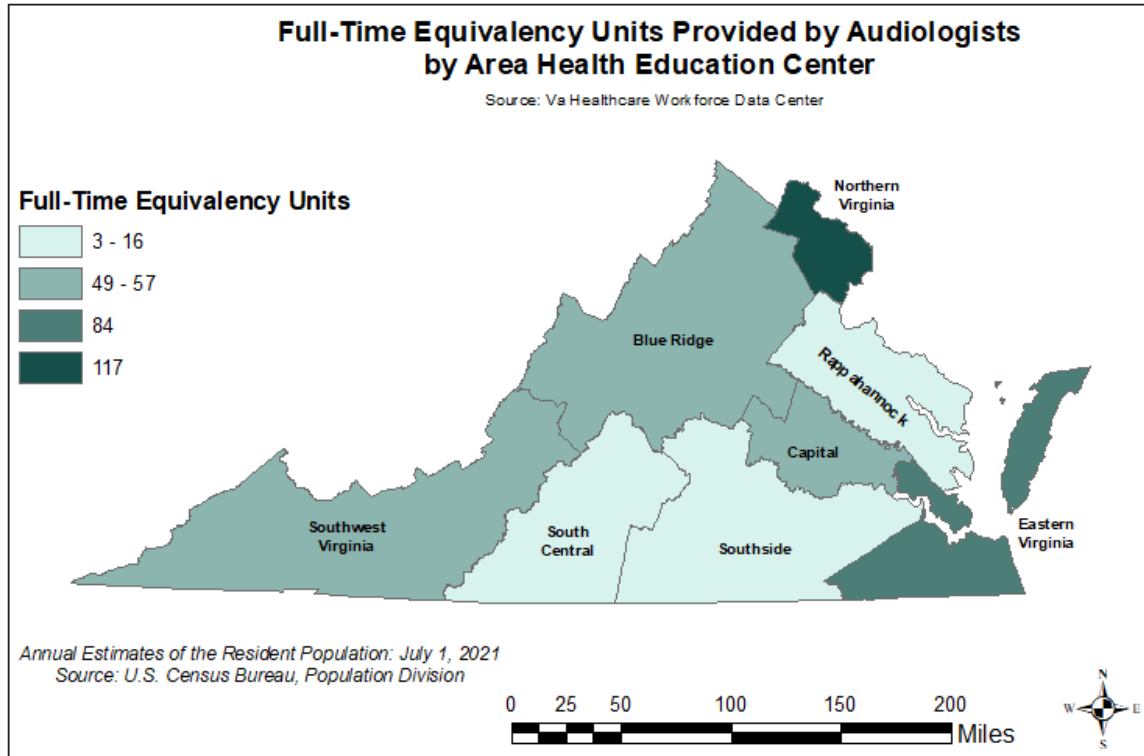


Source: Va. Healthcare Workforce Data Center

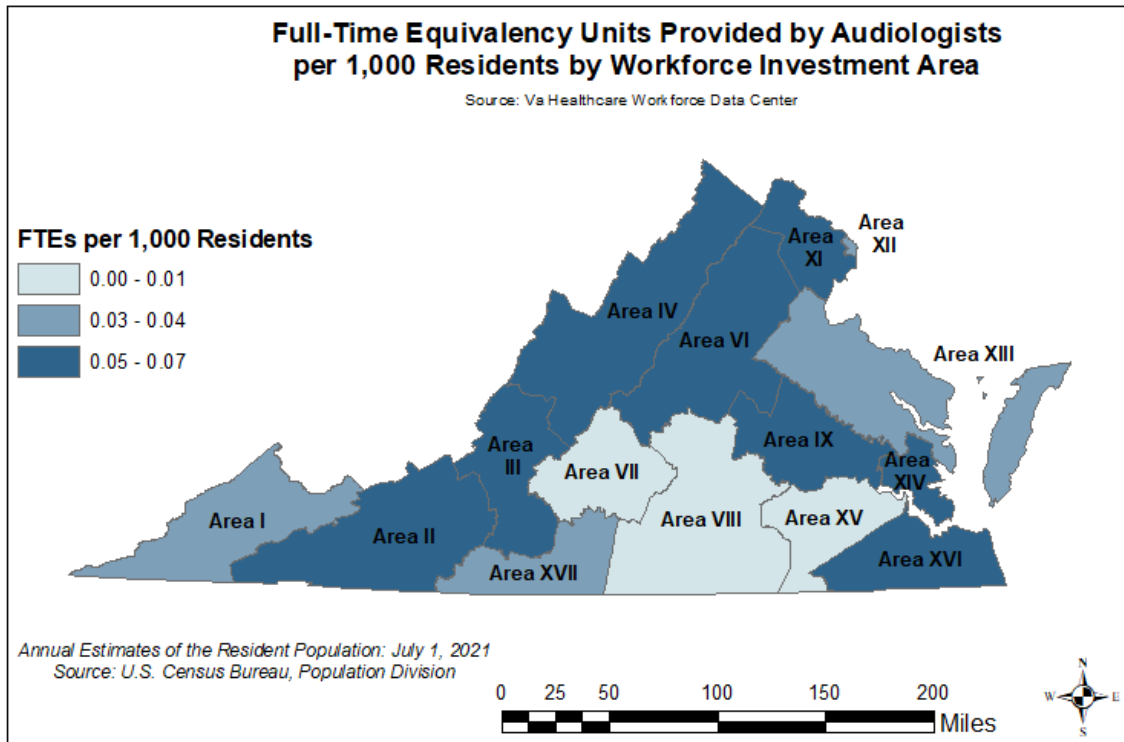
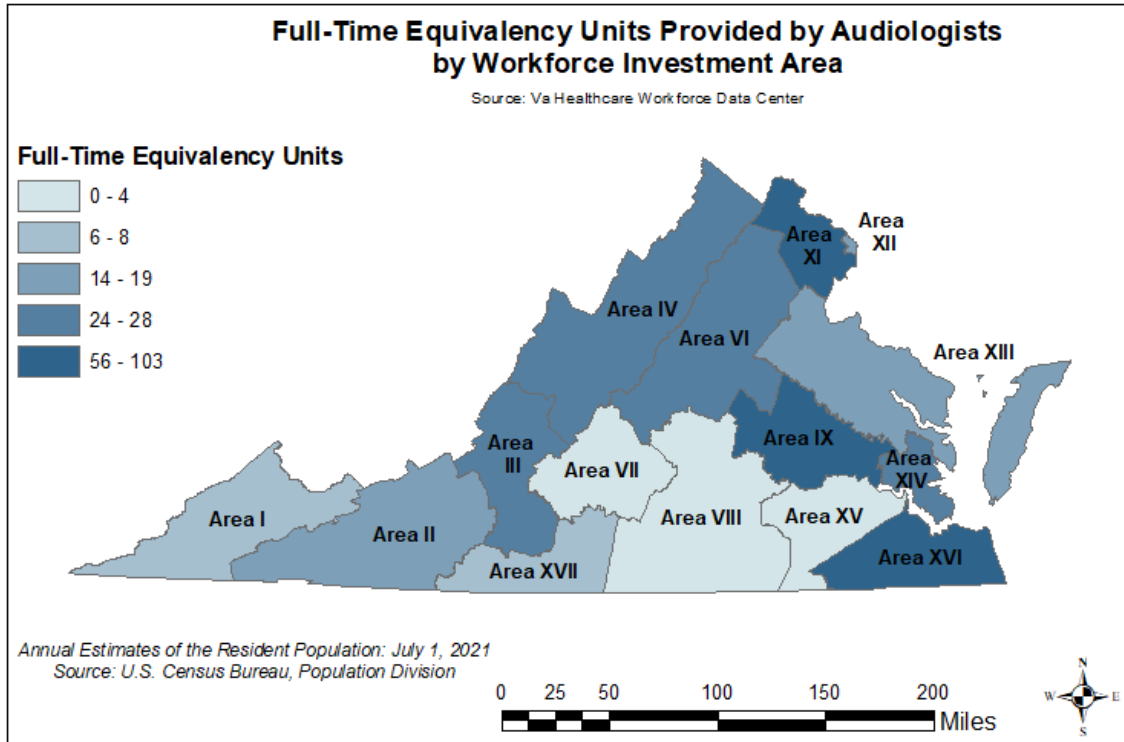
<sup>3</sup> Number of residents in 2021 was used as the denominator.

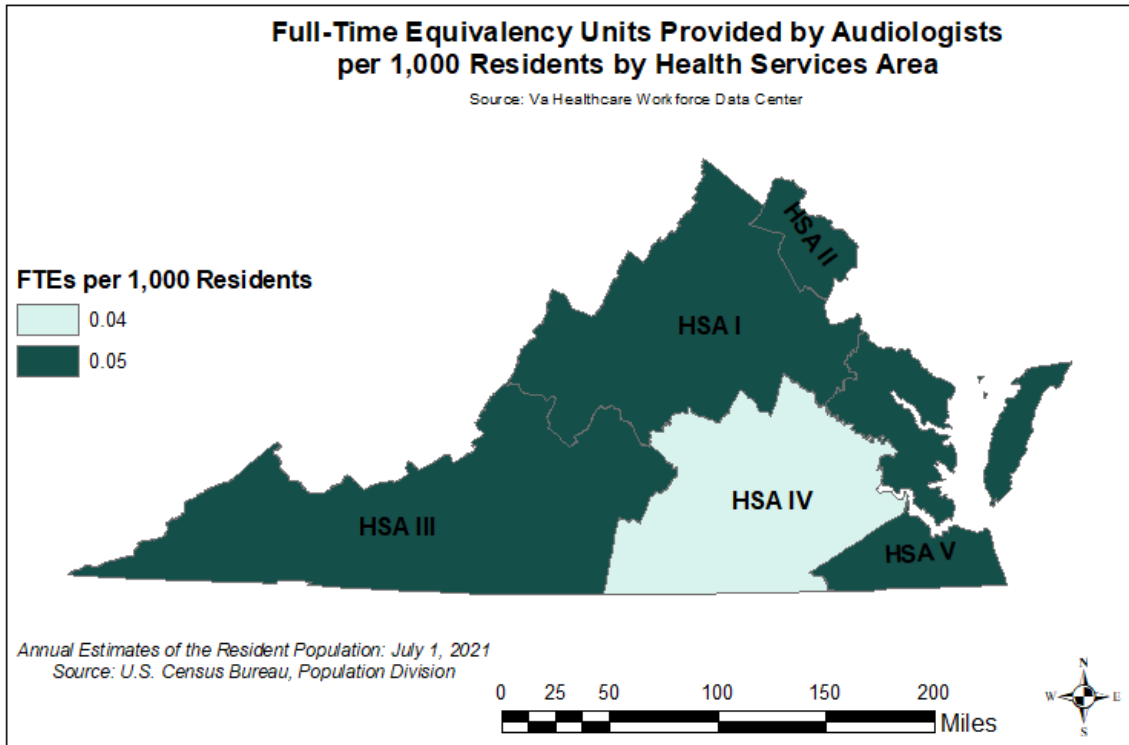
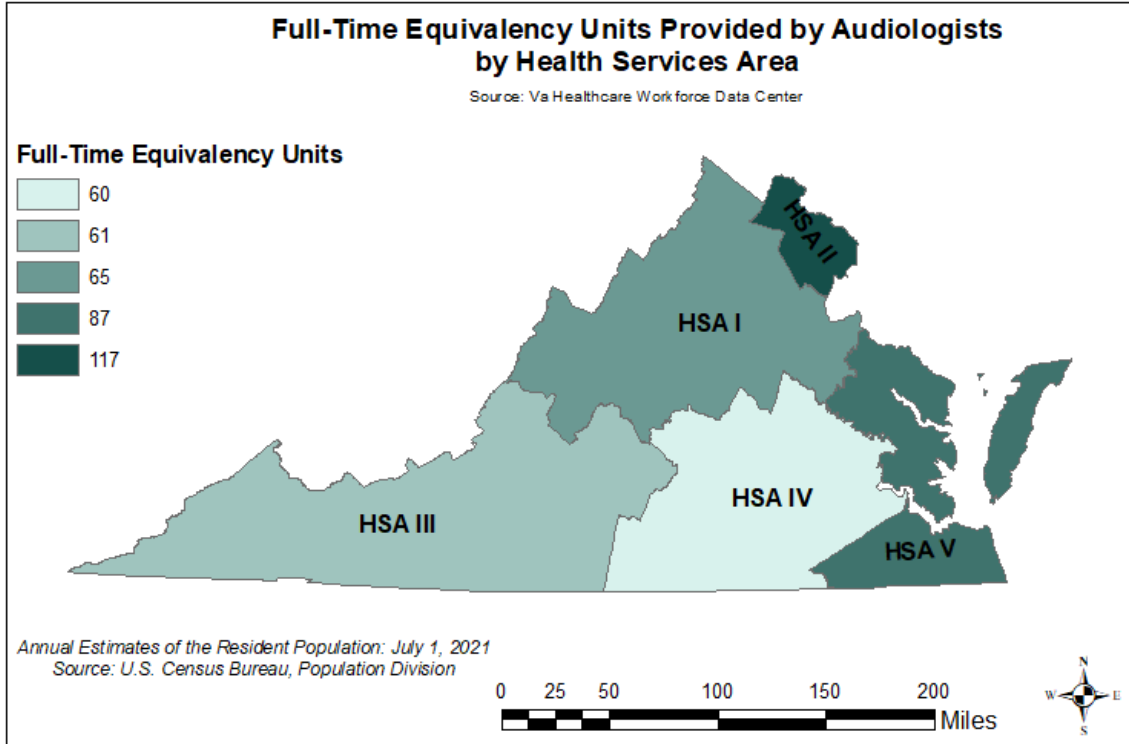
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

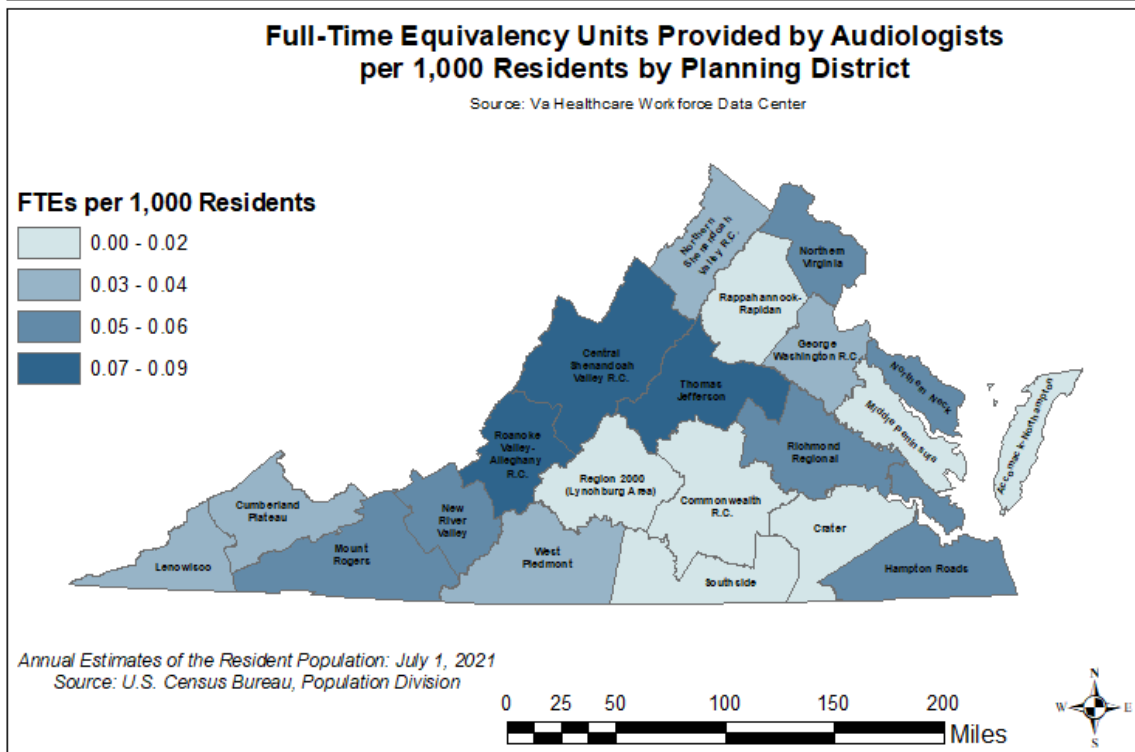
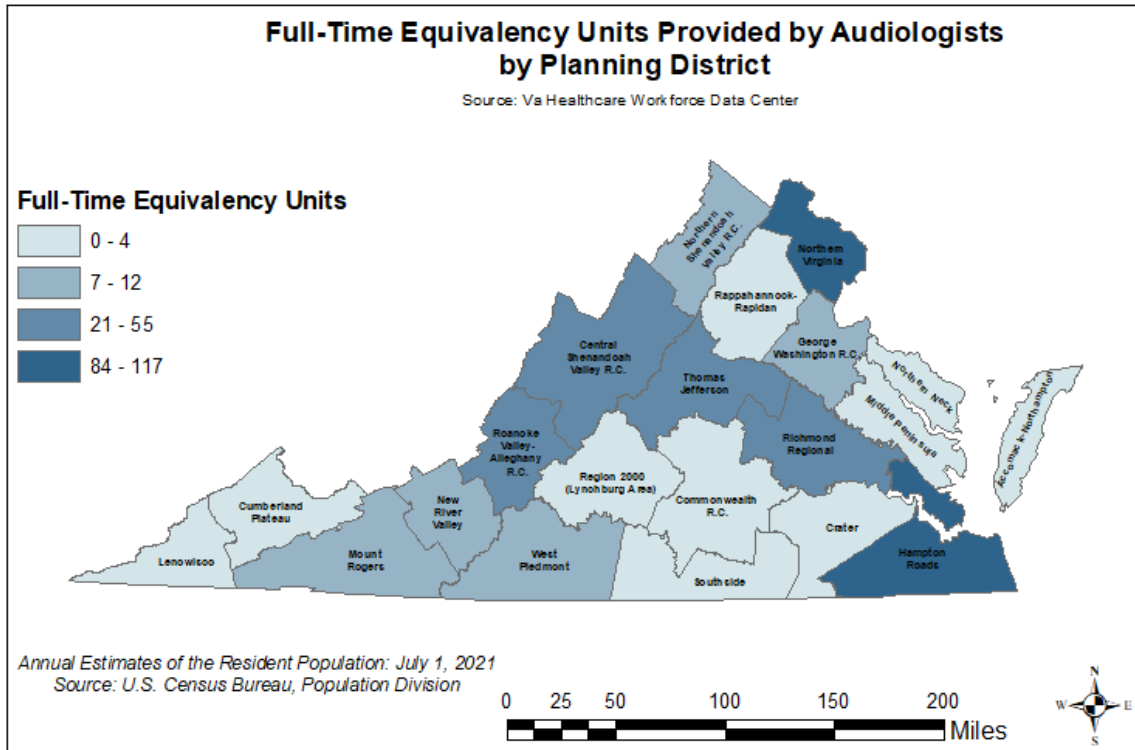












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	283	90.46%	1.105	1.005	1.254
<b>Metro, 250,000 to 1 Million</b>	34	79.41%	1.259	1.145	1.429
<b>Metro, 250,000 or Less</b>	59	86.44%	1.157	1.052	1.313
<b>Urban, Pop. 20,000+, Metro Adj.</b>	9	33.33%	3.000	2.728	3.048
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	11	81.82%	1.222	1.111	1.387
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	7	100.00%	1.000	0.909	1.016
<b>Rural, Metro Adj.</b>	5	80.00%	1.250	1.181	1.270
<b>Rural, Non-Adj.</b>	4	100.00%	1.000	0.945	1.135
<b>Virginia Border State/D.C.</b>	101	84.16%	1.188	1.080	1.348
<b>Other U.S. State</b>	88	68.18%	1.467	1.334	1.664

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	62	74.19%	1.348	1.135	1.664
<b>30 to 34</b>	82	75.61%	1.323	1.114	1.633
<b>35 to 39</b>	76	82.89%	1.206	1.123	1.490
<b>40 to 44</b>	70	82.86%	1.207	1.016	3.048
<b>45 to 49</b>	82	85.37%	1.171	0.986	1.447
<b>50 to 54</b>	56	91.07%	1.098	1.022	1.356
<b>55 to 59</b>	54	92.59%	1.080	0.909	2.728
<b>60 and Over</b>	119	89.08%	1.123	0.945	1.386

Source: Va. Healthcare Workforce Data Center

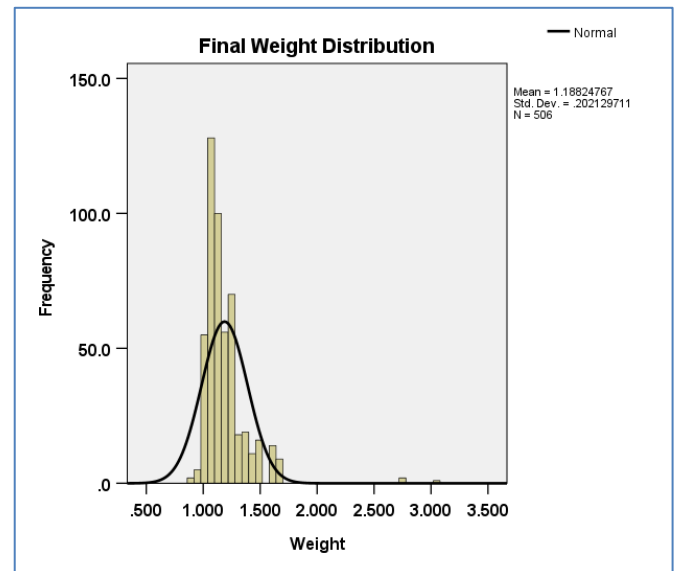
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

**Overall Response Rate: 0.841930**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Speech-Language Pathology Workforce: 2022*

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Healthcare Workforce Data Center

August 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 4,000 Speech-Language Pathologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## Contents

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Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education .....	8
Specializations & Credentials.....	9
Current Employment Situation .....	10
Employment Quality.....	11
2022 Labor Market .....	12
Work Site Distribution .....	13
Establishment Type .....	14
Languages.....	16
Time Allocation .....	17
Patient Workload .....	18
Retirement & Future Plans .....	19
Full-Time Equivalency Units.....	21
<b>Maps .....</b>	<b>22</b>
Virginia Performs Regions .....	22
Area Health Education Center Regions .....	23
Workforce Investment Areas .....	24
Health Services Areas .....	25
Planning Districts.....	26
.....	26
<b>Appendix .....</b>	<b>27</b>
Weights .....	27



# The Speech-Language Pathology Workforce At a Glance:

## The Workforce

Licensees:	4,956
Virginia's Workforce:	4,152
FTEs:	3,185

## Background

Rural Childhood:	28%
HS Degree in VA:	45%
Prof. Degree in VA:	46%

## Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	60%
Satisfied?:	93%

## Survey Response Rate

All Licensees:	86%
Renewing Practitioners:	98%

## Education

Masters:	98%
Doctorate:	2%

## Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	63%

## Demographics

Female:	97%
Diversity Index:	29%
Median Age:	41

## Finances

Median Income:	\$60k-\$70k
Health Insurance:	62%
Under 40 w/ Ed. Debt:	56%

## Time Allocation

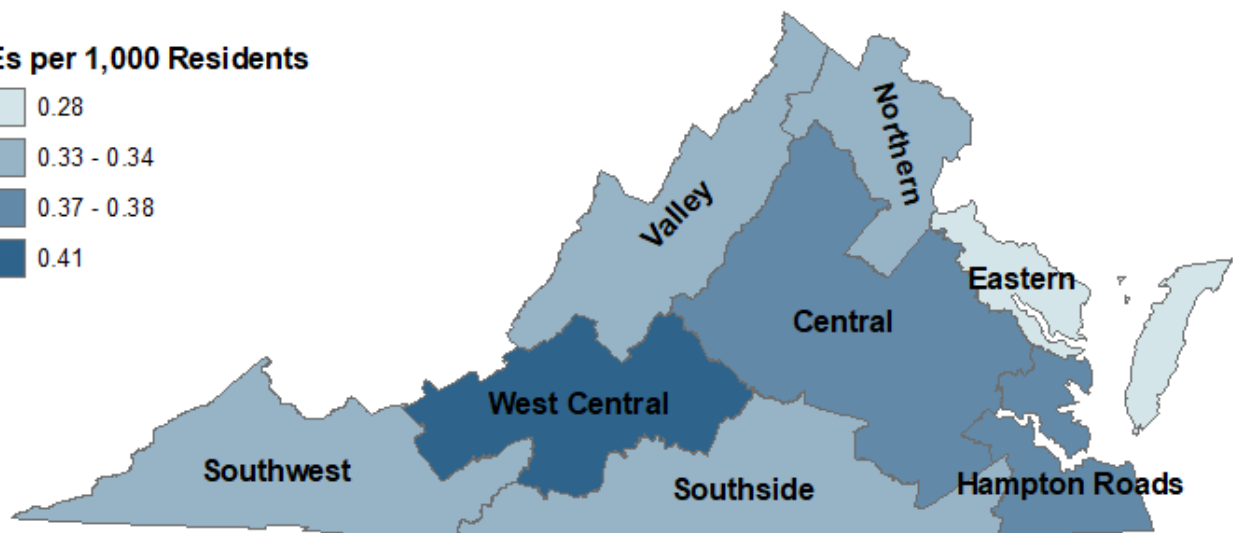
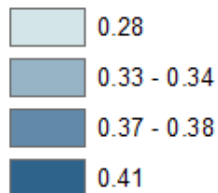
Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	72%

Source: Va. Healthcare Workforce Data Center

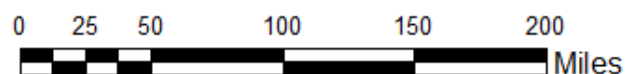
## Full-Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Speech-Language Pathology (SLP) Workforce Survey. More than 4,000 SLPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for SLPs. These survey respondents represent 86% of the 4,956 SLPs who are licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 4,152 SLPs participated in Virginia's workforce during the survey period, which is defined as those SLPs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. Over the past year, Virginia's SLP workforce provided 3,185 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The vast majority of all SLPs are female, and the median age of the SLP workforce is 41. In a random encounter between two SLPs, there is a 29% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's SLP workforce considerably less diverse than the state's population as a whole, which has a diversity index of 58%. Nearly 30% of all SLPs grew up in a rural area, and 22% of SLPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all SLPs work in a non-metro area of the state.

Among all SLPs, 93% are currently employed in the profession, 60% hold one full-time job, and 43% work between 40 and 49 hours per week. More than three out of every five SLPs work in the private sector, including 41% who work at a for-profit organization. With respect to establishment types, 40% of all SLPs work at schools that provide care to clients, while another 10% work at group private practices. The median annual income of Virginia's SLP workforce is between \$60,000 and \$70,000. In addition, 81% of wage and salaried SLPs receive at least one employer-sponsored benefit, including 62% who have access to health insurance. More than nine out of every ten SLPs are satisfied with their current work situation, including 50% who indicated that they are "very satisfied."

## Summary of Trends

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In this section, all statistics are compared to the 2017 SLP workforce. The number of licensed SLPs in Virginia has increased by 13% (4,956 vs. 4,398). In addition, the size of Virginia's SLP workforce has increased by 9% (4,152 vs. 3,807), and the number of FTEs provided by this workforce has increased by 13% (3,185 vs. 2,821). Virginia's renewing SLPs are more likely to respond to this survey (98% vs. 89%).

The diversity index of Virginia's SLP workforce has increased (29% vs. 24%), and this trend has also occurred among those SLPs who are under the age of 40 (29% vs. 25%). There has been no change in the percentage of all SLPs who grew up in a rural area (28%). However, SLPs who grew up in a rural area are slightly more likely to work in a non-metro area of the state (22% vs. 21%). Overall, there has been no change in the percentage of SLPs who work in a non-metro area of Virginia (9%).

SLPs are slightly less likely to carry education debt (39% vs. 40%), and this is also true among those SLPs who are under the age of 40 (56% vs. 59%). Among those SLPs with education debt, the median debt amount has increased (\$50k-\$60k vs. \$40k-\$50k). There has been no change in the median annual income of Virginia's SLP workforce (\$60k-\$70k). However, SLPs who receive either an hourly wage or a salary at their primary work location are slightly more likely to receive at least one employer-sponsored benefit (81% vs. 80%).

SLPs have become more likely to hold one full time job (60% vs. 58%) instead of two or more positions simultaneously (18% vs. 20%). Since 2021, the one-year rates of underemployment (1% vs. 3%) and involuntary unemployment (< 1% vs. 5%) have both fallen considerably. Virginia's SLPs are more likely to work in the for-profit sector (41% vs. 39%) instead of a state or local government (37% vs. 39%). As for establishment types, SLPs are more likely to work in a group private practice (10% vs. 8%) instead of a skilled nursing facility (7% vs. 10%). SLPs are less likely to indicate that they are satisfied with their current work situation (93% vs. 96%). This decline is even greater among those SLPs who indicated that they are "very satisfied" (50% vs. 60%).

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,120	83%
New Licensees	456	9%
Non-Renewals	380	8%
<b>All Licensees</b>	<b>4,956</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing SLPs, 98% submitted a survey. These represent 86% of all SLPs who held a license at some point in the past year.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2022.
- 2. Target Population:** All SLPs who held a Virginia license at some point between July 2021 and June 2022.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	155	487	76%
30 to 34	135	710	84%
35 to 39	83	674	89%
40 to 44	75	564	88%
45 to 49	55	538	91%
50 to 54	42	459	92%
55 to 59	33	311	90%
60 and Over	105	530	84%
<b>Total</b>	<b>683</b>	<b>4,273</b>	<b>86%</b>
<b>New Licenses</b>			
Issued in Past Year	237	219	48%
<b>Metro Status</b>			
Non-Metro	35	312	90%
Metro	343	3,109	90%
Not in Virginia	305	852	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	<b>4,273</b>
Response Rate, All Licensees	<b>86%</b>
Response Rate, Renewals	<b>98%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed SLPs**

Number: 4,956  
 New: 9%  
 Not Renewed: 8%

**Survey Response Rates**

All Licensees: 86%  
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

SLP Workforce: 4,152  
 FTEs: 3,185

### Utilization Ratios

Licensees in VA Workforce: 84%  
 Licensees per FTE: 1.56  
 Workers per FTE: 1.30

Source: Va. Healthcare Workforce Data Center

## Definitions

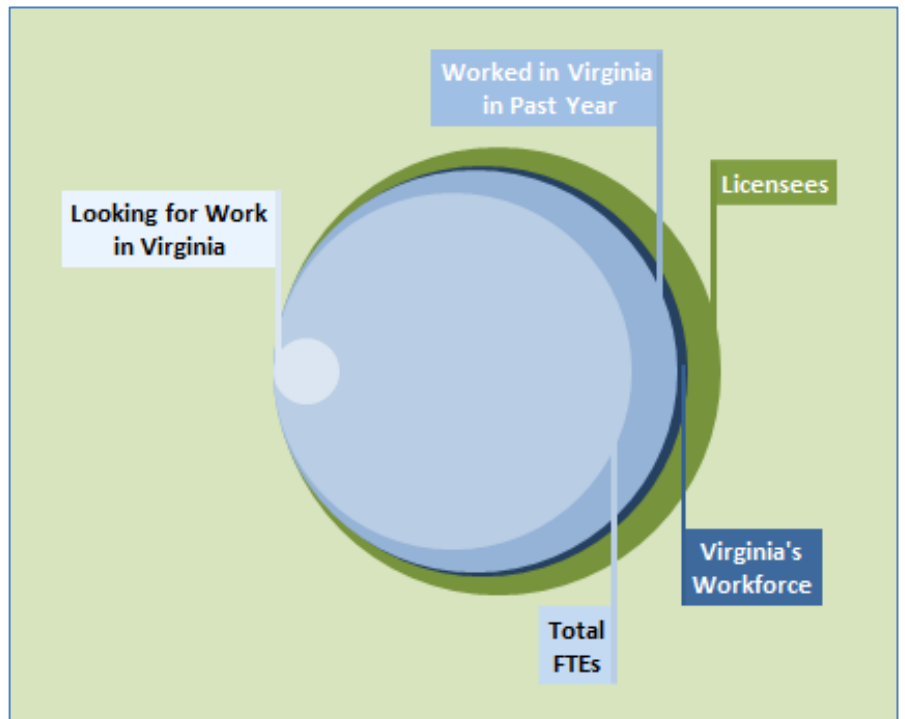
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

### Virginia's SLP Workforce

Status	#	%
Worked in Virginia in Past Year	4,042	97%
Looking for Work in Virginia	110	3%
Virginia's Workforce	4,152	100%
Total FTEs	3,185	
Licensees	4,956	

Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	9	2%	540	98%	549	15%
30 to 34	21	3%	628	97%	650	18%
35 to 39	15	3%	526	97%	541	15%
40 to 44	4	1%	443	99%	447	13%
45 to 49	15	4%	387	96%	403	11%
50 to 54	7	2%	345	98%	352	10%
55 to 59	8	3%	225	97%	233	7%
60 and Over	24	6%	366	94%	390	11%
<b>Total</b>	<b>103</b>	<b>3%</b>	<b>3,461</b>	<b>97%</b>	<b>3,564</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	60%	3,016	84%	1,458	84%
Black	19%	242	7%	110	6%
Asian	7%	93	3%	50	3%
Other Race	0%	23	1%	7	0%
Two or More Races	3%	68	2%	37	2%
Hispanic	10%	143	4%	82	5%
<b>Total</b>	<b>100%</b>	<b>3,585</b>	<b>100%</b>	<b>1,744</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 97%  
% Under 40 Female: 97%

**Age**

Median Age: 41  
% Under 40: 49%  
% 55 and Over: 17%

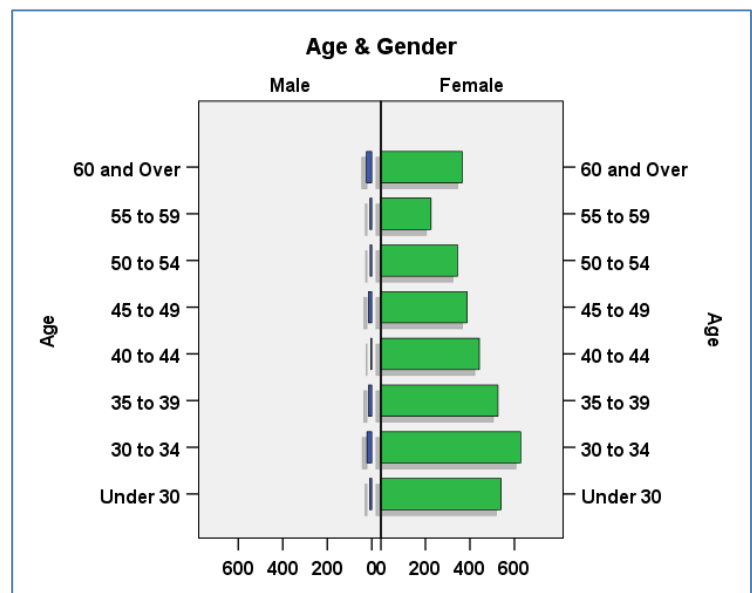
**Diversity**

Diversity Index: 29%  
Under 40 Div. Index: 29%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two SLPs, there is a 29% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 58%.*

*Nearly one-half of SLPs are under the age of 40, and 97% of SLPs who are under the age of 40 are female. In addition, the diversity index among SLPs who are under the age of 40 is 29%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 8%  
 Rural Childhood: 28%

### Virginia Background

HS in Virginia: 45%  
 Prof. Education in VA: 46%  
 HS/Prof. Edu. in VA: 56%

### Location Choice

% Rural to Non-Metro: 22%  
 % Urban/Suburban to Non-Metro: 4%

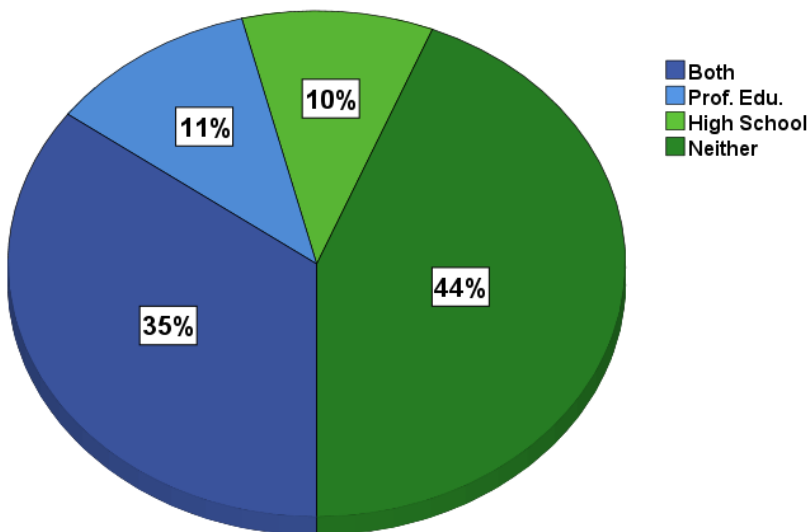
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	20%	72%	9%
2	Metro, 250,000 to 1 Million	46%	48%	6%
3	Metro, 250,000 or Less	37%	58%	5%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	62%	29%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	63%	36%	1%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	81%	14%	4%
8	Rural, Metro Adjacent	70%	28%	2%
9	Rural, Non-Adjacent	57%	40%	3%
<b>Overall</b>		<b>28%</b>	<b>64%</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly 30% of SLPs grew up in a self-described rural area, and 22% of SLPs who grew up in rural areas currently work in a non-metro county. Overall, 9% of Virginia's SLP workforce currently work in a non-metro county.

## Top Ten States for Speech-Language Pathologist Recruitment

Rank	All Speech-Language Pathologists			
	High School	#	Professional School	#
1	Virginia	1,602	Virginia	1,628
2	Pennsylvania	254	Washington, D.C.	220
3	New York	245	New York	204
4	Maryland	154	Pennsylvania	171
5	New Jersey	130	North Carolina	163
6	North Carolina	123	Tennessee	122
7	Florida	99	Maryland	112
8	West Virginia	77	Florida	107
9	Ohio	70	Ohio	77
10	California	62	West Virginia	66

Source: Va. Healthcare Workforce Data Center

*Among all SLPs, 45% received their high school degree in Virginia, and 46% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	365	Virginia	361
2	Pennsylvania	104	New York	69
3	New York	66	Washington, D.C.	69
4	Maryland	43	Pennsylvania	62
5	New Jersey	39	North Carolina	43
6	North Carolina	35	Maryland	42
7	Florida	33	Florida	38
8	Illinois	27	Tennessee	28
9	Texas	24	Texas	28
10	Ohio	23	Ohio	21

Source: Va. Healthcare Workforce Data Center

*Among SLPs licensed in the past five years, 36% received their high school degree in Virginia, and 36% also received their initial professional degree in the state.*

*Among all licensed SLPs, 16% did not participate in Virginia's workforce in the past year. More than four out of every five of these professionals worked at some point in the past year, including 78% who currently work as SLPs.*

### At a Glance:

#### Not in VA Workforce

Total:	805
% of Licensees:	16%
Federal/Military:	3%
VA Border State/DC:	31%

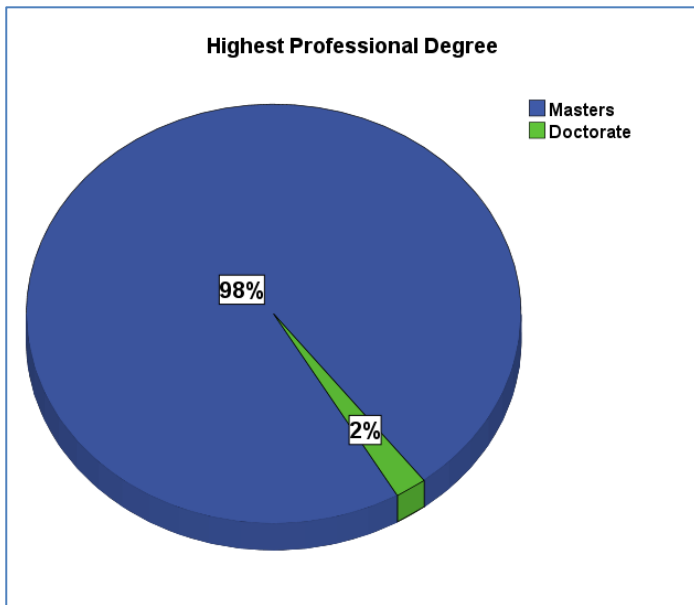
Source: Va. Healthcare Workforce Data Center



A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	3,426	98%
Doctorate - SLP	42	1%
Other Doctorate	30	1%
<b>Total</b>	<b>3,498</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
Masters: 98%  
Doctorate: 2%

**Education Debt**  
Carry Debt: 39%  
Under Age 40 w/ Debt: 56%  
Median Debt: \$50k-\$60k

Source: Va. Healthcare Workforce Data Center

Nearly all SLPs hold a Master's degree as their highest professional degree.

Nearly 40% of all SLPs carry education debt, including 56% of those SLPs who are under the age of 40. For those SLPs with education debt, the median debt amount is between \$50,000 and \$60,000.

Education Debt				
Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,852	61%	660	44%
Less than \$10,000	150	5%	85	6%
\$10,000-\$19,999	108	4%	63	4%
\$20,000-\$29,999	129	4%	72	5%
\$30,000-\$39,999	90	3%	62	4%
\$40,000-\$49,999	80	3%	56	4%
\$50,000-\$59,999	105	3%	84	6%
\$60,000-\$69,999	69	2%	53	4%
\$70,000-\$79,999	78	3%	69	5%
\$80,000-\$89,999	70	2%	56	4%
\$90,000-\$99,999	70	2%	49	3%
\$100,000 or More	243	8%	185	12%
<b>Total</b>	<b>3,044</b>	<b>100%</b>	<b>1,493</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Top Specialties

Child Language:	27%
School/Pediatrics:	26%
Swallowing Disorders:	23%

### Top Credentials

CCC-SLP:	78%
VitalStim Certified:	9%
DOE Endorsement:	1%

Source: Va. Healthcare Workforce Data Center

*More than three out of every five SLPs hold at least one self-designated specialty, including 27% who have a specialization in child language.*

## A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
<b>Child Language</b>	1,112	27%
<b>School/Pediatrics</b>	1,099	26%
<b>Swallowing &amp; Swallowing Disorders</b>	958	23%
<b>Autism</b>	923	22%
<b>Child/Infant</b>	684	16%
<b>Geriatrics</b>	554	13%
<b>Medical</b>	501	12%
<b>Brain Injury</b>	383	9%
<b>Fluency Disorders</b>	294	7%
<b>Voice</b>	263	6%
<b>Deaf and Hard of Hearing</b>	153	4%
<b>Other</b>	324	8%
<b>At Least One Specialty</b>	<b>2,535</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center

## Credentials

Credential	#	% of Workforce
<b>CCC-SLP: Speech-Language Pathology</b>	3,218	78%
<b>VitalStim Certified</b>	357	9%
<b>DOE Endorsement</b>	41	1%
<b>CBIS - Certified Brain Injury Specialist</b>	38	1%
<b>CF-SLP: Fellowship</b>	20	0%
<b>CCC-A: Audiology</b>	10	0%
<b>BRS-S: Swallowing</b>	7	0%
<b>BRS-CL: Child Language</b>	6	0%
<b>BRS-FD: Fluency Disorders</b>	3	0%
<b>Other</b>	167	4%
<b>At Least One Credential</b>	<b>3,284</b>	<b>79%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly 80% of SLPs hold at least one credential, including 78% who hold a CCC-SLP credential.*

## At a Glance:

### Employment

Employed in Profession: 93%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 60%  
 2 or More Positions: 18%

### Weekly Hours

40 to 49: 43%  
 60 or More: 2%  
 Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in a SLP-Related Capacity	3,290	93%
Employed, NOT in a SLP-Related Capacity	83	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	115	3%
Retired	45	1%
<b>Total</b>	<b>3,538</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all SLPs, 93% are currently employed in the profession, 60% have one full-time job, and 43% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	161	5%
One Part-Time Position	590	17%
Two Part-Time Positions	158	5%
One Full-Time Position	2,112	60%
One Full-Time Position & One Part-Time Position	392	11%
Two Full-Time Positions	8	0%
More than Two Positions	75	2%
<b>Total</b>	<b>3,496</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	161	5%
1 to 9 Hours	111	3%
10 to 19 Hours	207	6%
20 to 29 Hours	309	9%
30 to 39 Hours	869	25%
40 to 49 Hours	1,465	43%
50 to 59 Hours	239	7%
60 to 69 Hours	60	2%
70 to 79 Hours	14	0%
80 or More Hours	7	0%
<b>Total</b>	<b>3,442</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	30	1%
Less than \$20,000	156	6%
\$20,000-\$29,999	73	3%
\$30,000-\$39,999	120	4%
\$40,000-\$49,999	220	8%
\$50,000-\$59,999	455	16%
\$60,000-\$69,999	500	18%
\$70,000-\$79,999	452	16%
\$80,000-\$89,999	320	12%
\$90,000-\$99,999	214	8%
\$100,000-\$109,999	125	5%
\$110,000-\$119,999	62	2%
\$120,000 or More	57	2%
<b>Total</b>	<b>2,784</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,723	50%
Somewhat Satisfied	1,448	42%
Somewhat Dissatisfied	209	6%
Very Dissatisfied	37	1%
<b>Total</b>	<b>3,417</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Annual Earnings**

Median Income: \$60k-\$70k

**Benefits**

Health Insurance: 62%

Retirement: 68%

**Satisfaction**

Satisfied: 93%

Very Satisfied: 50%

Source: Va. Healthcare Workforce Data Center

*The typical SLP earns between \$60,000 and \$70,000 per year. In addition, 81% of wage and salaried SLPs receive at least one employer-sponsored benefit, including 62% who have access to a health insurance plan.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	2,005	61%	68%
Health Insurance	1,873	57%	62%
Paid Sick Leave	1,816	55%	61%
Paid Vacation	1,788	54%	61%
Dental Insurance	1,786	54%	59%
Group Life Insurance	1,132	34%	38%
Signing/Retention Bonus	216	7%	7%
<b>At Least One Benefit</b>	<b>2,429</b>	<b>74%</b>	<b>81%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	16	< 1%
Experience Voluntary Unemployment?	222	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	61	1%
Work Two or More Positions at the Same Time?	719	17%
Switch Employers or Practices?	284	7%
<b>Experience at Least One?</b>	<b>1,111</b>	<b>27%</b>

Source: Va. Healthcare Workforce Data Center

*Among all SLPs in Virginia, less than 1% experienced involuntary unemployment at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 3.1%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	65	2%	44	6%
Less than 6 Months	138	4%	113	17%
6 Months to 1 Year	423	13%	102	15%
1 to 2 Years	595	18%	141	21%
3 to 5 Years	795	24%	140	21%
6 to 10 Years	538	16%	58	9%
More than 10 Years	755	23%	82	12%
<b>Subtotal</b>	<b>3,310</b>	<b>100%</b>	<b>679</b>	<b>100%</b>
Did Not Have Location	133		3,445	
Item Missing	709		28	
<b>Total</b>	<b>4,152</b>		<b>4,152</b>	

Source: Va. Healthcare Workforce Data Center

*More than half of all SLPs receive a salary or commission at their primary work location, while one-third of SLPs receive an hourly wage.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: < 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched: 7%  
New Location: 23%  
Over 2 Years: 63%  
Over 2 Yrs., 2<sup>nd</sup> Location: 41%

**Employment Type**

Salary/Commission: 54%  
Hourly Wage: 33%

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of all SLPs have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,287	54%
Hourly Wage	790	33%
By Contract/Per Diem	214	9%
Business/Practice Income	77	3%
Unpaid	7	0%
<b>Subtotal</b>	<b>2,374</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 4.2%. At the time of publication, the unemployment rate for June 2022 was still preliminary.

## At a Glance:

### Concentration

Top Region:	33%
Top 3 Regions:	74%
Lowest Region:	1%

### Locations

2 or More (Past Year):	21%
2 or More (Now*):	19%

Source: Va. Healthcare Workforce Data Center

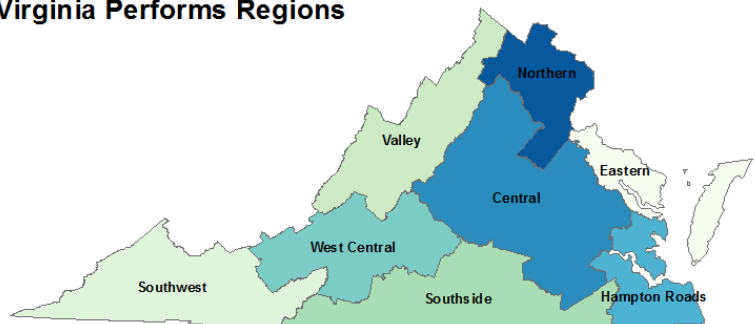
*Nearly three out of every four SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.*

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	712	21%	143	21%
Eastern	49	1%	7	1%
Hampton Roads	653	20%	105	15%
Northern	1,101	33%	220	32%
Southside	126	4%	25	4%
Southwest	138	4%	25	4%
Valley	185	6%	37	5%
West Central	306	9%	50	7%
Virginia Border State/D.C.	28	1%	32	5%
Other U.S. State	20	1%	49	7%
Outside of the U.S.	1	0%	0	0%
<b>Total</b>	<b>3,319</b>	<b>100%</b>	<b>693</b>	<b>100%</b>
Item Missing	701		13	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

*Among all SLPs, 19% currently have multiple work locations, while 21% have had multiple work locations over the past year.*

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	109	3%	161	5%
1	2,600	76%	2,612	76%
2	466	14%	440	13%
3	178	5%	162	5%
4	31	1%	24	1%
5	7	0%	3	0%
6 or More	23	1%	13	0%
<b>Total</b>	<b>3,414</b>	<b>100%</b>	<b>3,415</b>	<b>100%</b>

\*At the time of survey completion, June 2022.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,259	41%	470	72%
<b>Non-Profit</b>	643	21%	110	17%
<b>State/Local Government</b>	1,156	37%	72	11%
<b>Veterans Administration</b>	16	1%	1	0%
<b>U.S. Military</b>	10	0%	0	0%
<b>Other Federal Gov't</b>	11	0%	3	0%
<b>Total</b>	<b>3,095</b>	<b>100%</b>	<b>656</b>	<b>100%</b>
<b>Did Not Have Location</b>	133		3,445	
<b>Item Missing</b>	923		51	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	41%
Federal:	1%

**Top Establishments**

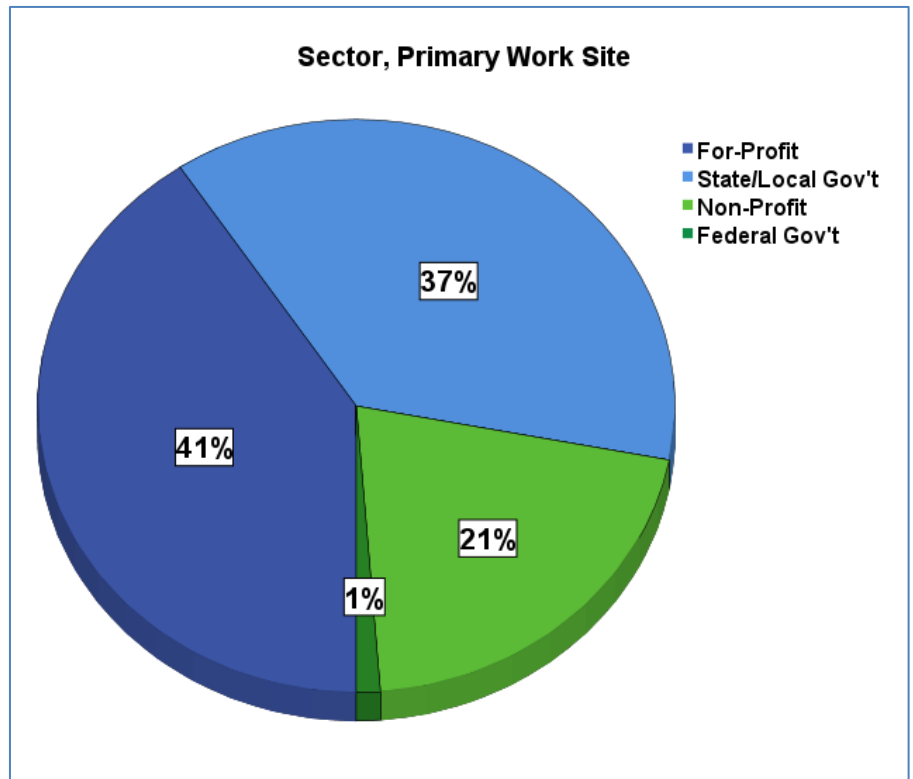
School (Providing Care To Clients):	40%
Private Practice, Group:	10%
Hospital, Inpatient:	8%

**Payment Method**

Cash/Self-Pay:	29%
Medicaid:	28%

Source: Va. Healthcare Workforce Data Center

More than 60% of all SLPs work in the private sector, including 41% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,229	40%	57	9%
Private Practice, Group	319	10%	95	15%
Hospital, Inpatient Department	261	8%	97	15%
Skilled Nursing Facility	230	7%	104	16%
Hospital, Outpatient Department	214	7%	19	3%
Private Practice, Solo	178	6%	77	12%
Home Health Care	172	6%	57	9%
Rehabilitation Facility	119	4%	31	5%
Academic Institution (Teaching Health Professions Students or Research)	71	2%	17	3%
Community-Based Clinic or Health Center	61	2%	11	2%
Residential Facility/Group Home	31	1%	10	2%
Administrative/Business Organization	17	1%	5	1%
Outpatient Surgical Center	7	0%	0	0%
Physician Office	4	0%	0	0%
Child Day Care	2	0%	2	0%
Other	161	5%	51	8%
<b>Total</b>	<b>3,076</b>	<b>100%</b>	<b>633</b>	<b>100%</b>
<b>Did Not Have a Location</b>	133		3,445	

Source: Va. Healthcare Workforce Data Center

*Schools that provide care to clients employ 40% of all SLPs in Virginia. Another 10% of SLPs work at group private practices.*

*Nearly 30% of SLPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's SLP workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,199	29%
Medicaid	1,173	28%
Private Insurance	1,049	25%
Medicare	739	18%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	19%
Arabic:	8%
Chinese:	7%

### Means of Communication

Virtual Translation:	57%
Onsite Translation:	40%
Other Staff Member:	30%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	788	19%
Arabic	314	8%
Chinese	292	7%
French	282	7%
Korean	276	7%
Tagalog/Filipino	267	6%
Vietnamese	264	6%
Hindi	252	6%
Urdu	249	6%
Amharic, Somali, or Other Afro-Asiatic Languages	228	5%
Persian	224	5%
Pashto	208	5%
Other Languages	152	4%
<b>At Least One Language</b>	<b>864</b>	<b>21%</b>

Source: Va. Healthcare Workforce Data Center

Among all SLPs, 19% are employed at a primary work location that offers Spanish language services for patients.

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Service	493	57%
Onsite Translation Service	348	40%
Other Staff Member is Proficient	262	30%
Respondent is Proficient	187	22%
Other	29	3%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five SLPs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.



## At a Glance: (Primary Locations)

### Typical Time Allocation

Client Care: 70%-79%  
Administration: 10%-19%

### Roles

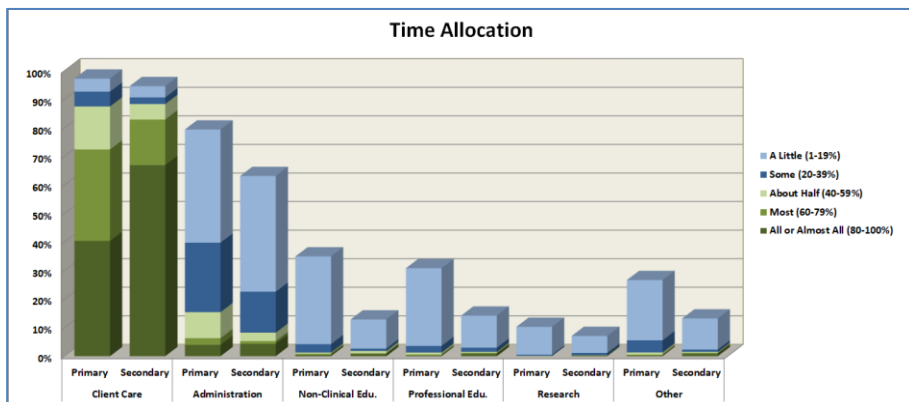
Client Care: 72%  
Administration: 6%  
Non-Clinical Edu.: 1%

### Patient Care SLPs

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, SLPs spend approximately three-quarters of their time treating patients. In fact, 72% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.*

## Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	40%	67%	4%	4%	0%	1%	0%	1%	0%	0%	0%	1%
<b>Most (60-79%)</b>	32%	16%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	15%	5%	9%	3%	0%	1%	1%	0%	0%	0%	1%	0%
<b>Some (20-39%)</b>	5%	2%	24%	14%	3%	1%	2%	1%	0%	1%	4%	1%
<b>A Little (1-19%)</b>	5%	4%	40%	41%	31%	10%	27%	11%	10%	6%	21%	11%
<b>None (0%)</b>	3%	5%	21%	37%	65%	87%	69%	86%	90%	93%	73%	87%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Weekly Patient Totals**

(Median)

Primary Location: 30-39

Secondary Location: 1-9

Total: 30-39

**% with Group Sessions**

Primary Location: 49%

Secondary Location: 14%

Source: Va. Healthcare Workforce Data Center

Weekly Patient Totals						
Number of Patients	Primary Work Location		Secondary Work Location		Total <sup>2</sup>	
	#	%	#	%	#	%
<b>None</b>	161	5%	52	8%	137	4%
<b>1-9</b>	399	13%	392	59%	323	10%
<b>10-19</b>	386	12%	93	14%	363	12%
<b>20-29</b>	397	13%	46	7%	407	13%
<b>30-39</b>	355	11%	32	5%	358	11%
<b>40-49</b>	218	7%	17	3%	245	8%
<b>50-59</b>	303	10%	15	2%	316	10%
<b>60-69</b>	138	4%	3	0%	156	5%
<b>70-79</b>	87	3%	1	0%	91	3%
<b>80 or More</b>	706	22%	15	2%	754	24%
<b>Total</b>	<b>3,150</b>	<b>100%</b>	<b>666</b>	<b>100%</b>	<b>3,150</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*SLPs typically treat approximately 30 to 39 clients per week across both their primary and secondary work locations.*

Weekly Patient Sessions								
Number of Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
<b>None</b>	167	5%	1,600	51%	54	8%	571	86%
<b>1-9</b>	1,032	33%	532	17%	441	66%	69	10%
<b>10-19</b>	765	24%	387	12%	109	16%	14	2%
<b>20-29</b>	485	16%	359	11%	29	4%	5	1%
<b>30-39</b>	331	11%	134	4%	20	3%	2	0%
<b>40-49</b>	176	6%	67	2%	3	0%	1	0%
<b>50-59</b>	103	3%	31	1%	4	1%	0	0%
<b>60-69</b>	39	1%	10	0%	1	0%	0	0%
<b>70-79</b>	11	0%	0	0%	1	0%	0	0%
<b>80 or More</b>	19	1%	3	0%	3	0%	0	0%
<b>Total</b>	<b>3,127</b>	<b>100%</b>	<b>3,122</b>	<b>100%</b>	<b>665</b>	<b>100%</b>	<b>663</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> This column estimates the total number of patients treated per week across both primary and secondary work locations.

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
<b>Under Age 50</b>	50	2%	-	-
<b>50 to 54</b>	136	5%	5	1%
<b>55 to 59</b>	381	13%	76	10%
<b>60 to 64</b>	878	30%	210	27%
<b>65 to 69</b>	1,034	36%	316	40%
<b>70 to 74</b>	254	9%	98	12%
<b>75 to 79</b>	59	2%	34	4%
<b>80 or Over</b>	19	1%	8	1%
<b>I Do Not Intend to Retire</b>	98	3%	38	5%
<b>Total</b>	<b>2,909</b>	<b>100%</b>	<b>785</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All SLPs**

Under 65: 50%

Under 60: 19%

**SLPs 50 and Over**

Under 65: 37%

Under 60: 10%

**Time Until Retirement**

Within 2 Years: 4%

Within 10 Years: 16%

Half the Workforce: By 2052

Source: Va. Healthcare Workforce Data Center

*One-half of all SLPs expect to retire before the age of 65. Among SLPs who are age 50 and over, 37% expect to retire by the age of 65.*

*Within the next two years, 9% of SLPs expect to pursue additional educational opportunities, and 8% also expect to increase their client care hours.*

**Future Plans**

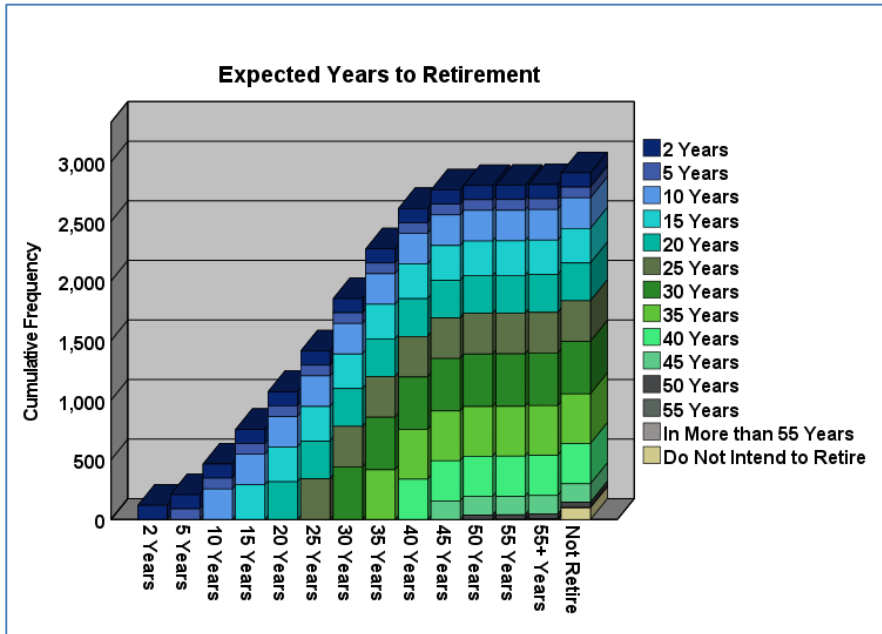
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	95	2%
<b>Leave Virginia</b>	140	3%
<b>Decrease Patient Care Hours</b>	300	7%
<b>Decrease Teaching Hours</b>	28	1%
<b>Increase Participation</b>		
<b>Increase Client Care Hours</b>	320	8%
<b>Increase Teaching Hours</b>	148	4%
<b>Pursue Additional Education</b>	393	9%
<b>Return to the Workforce</b>	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 4% of SLPs expect to retire in the next two years, while 16% expect to retire in the next ten years. Half of the current workforce expect to retire by 2052.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	119	4%	4%
5 Years	90	3%	7%
10 Years	257	9%	16%
15 Years	291	10%	26%
20 Years	317	11%	37%
25 Years	341	12%	49%
30 Years	441	15%	64%
35 Years	417	14%	78%
40 Years	338	12%	90%
45 Years	155	5%	95%
50 Years	38	1%	96%
55 Years	1	0%	96%
In More than 55 Years	7	0%	97%
Do Not Intend to Retire	98	3%	100%
<b>Total</b>	<b>2,909</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2037. Retirement will peak at 15% of the current workforce around 2052 before declining to under 10% of the current workforce again around 2067.

## At a Glance:

### FTEs

Total: 3,185  
 FTEs/1,000 Residents<sup>3</sup>: 0.369  
 Average: 0.79

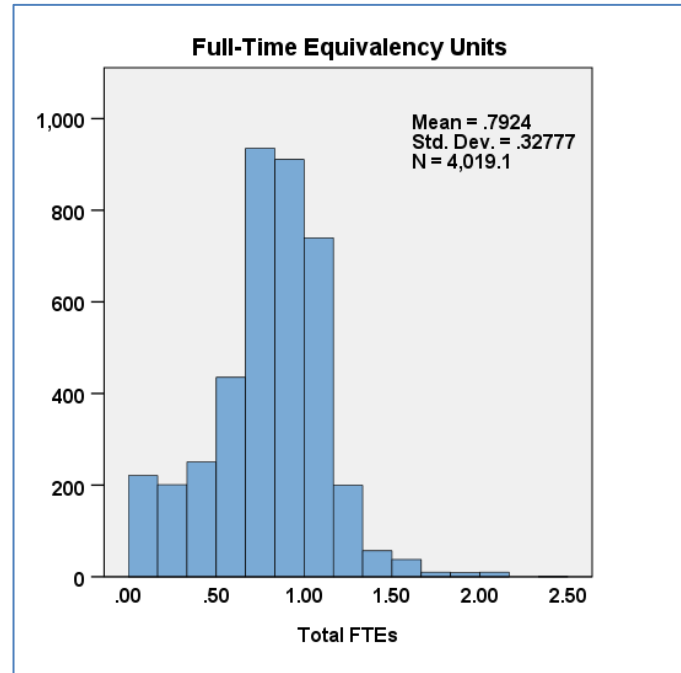
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Negligible  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

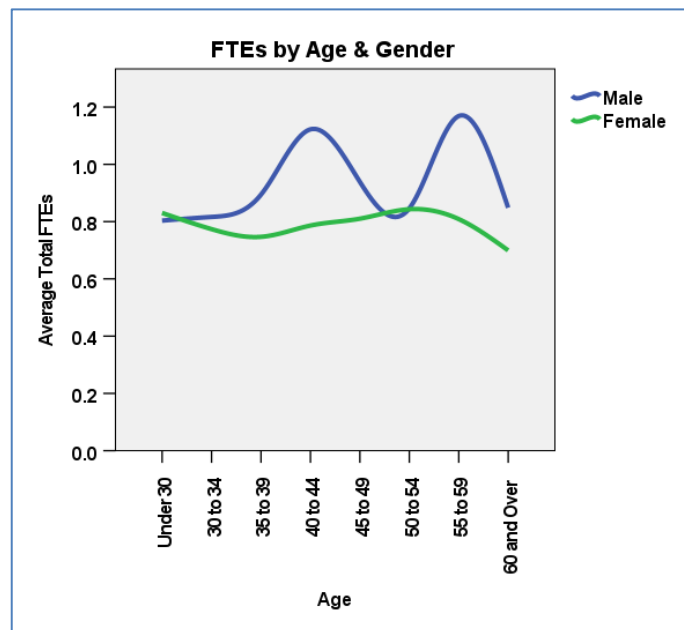


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.83 FTEs in the past year, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.<sup>4</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.83	0.87
30 to 34	0.78	0.80
35 to 39	0.75	0.76
40 to 44	0.80	0.86
45 to 49	0.82	0.85
50 to 54	0.89	0.96
55 to 59	0.81	0.77
60 and Over	0.67	0.59
<b>Gender</b>		
Male	0.89	0.93
Female	0.79	0.83

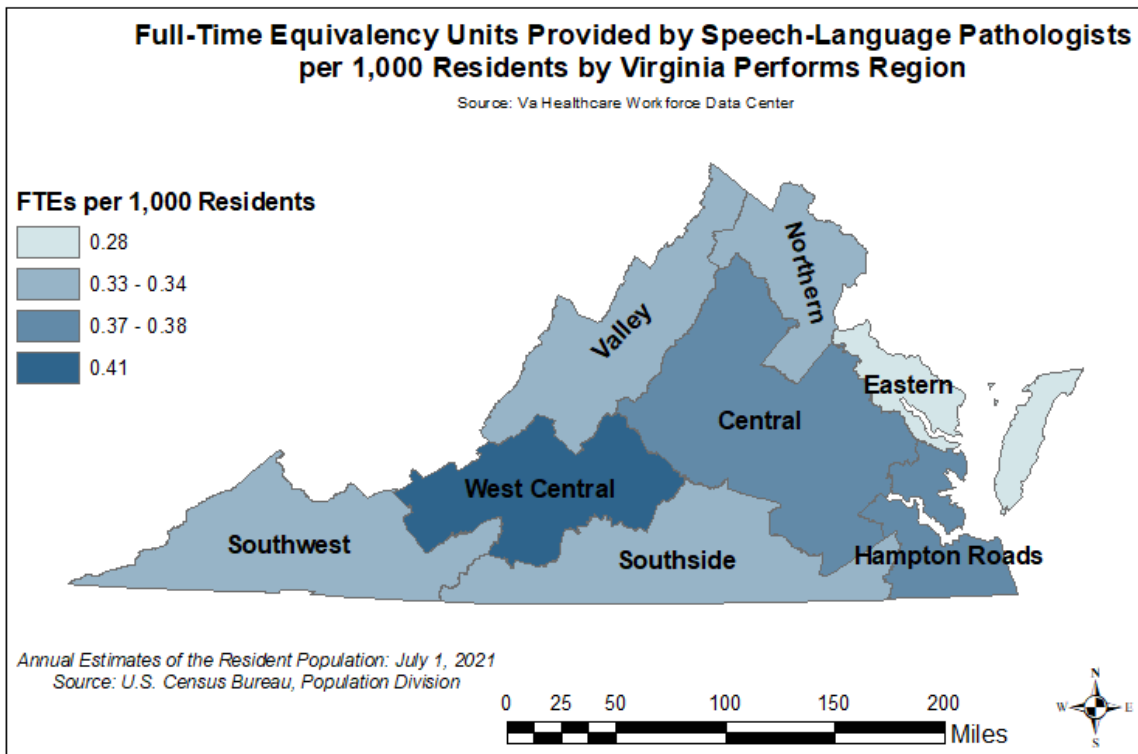
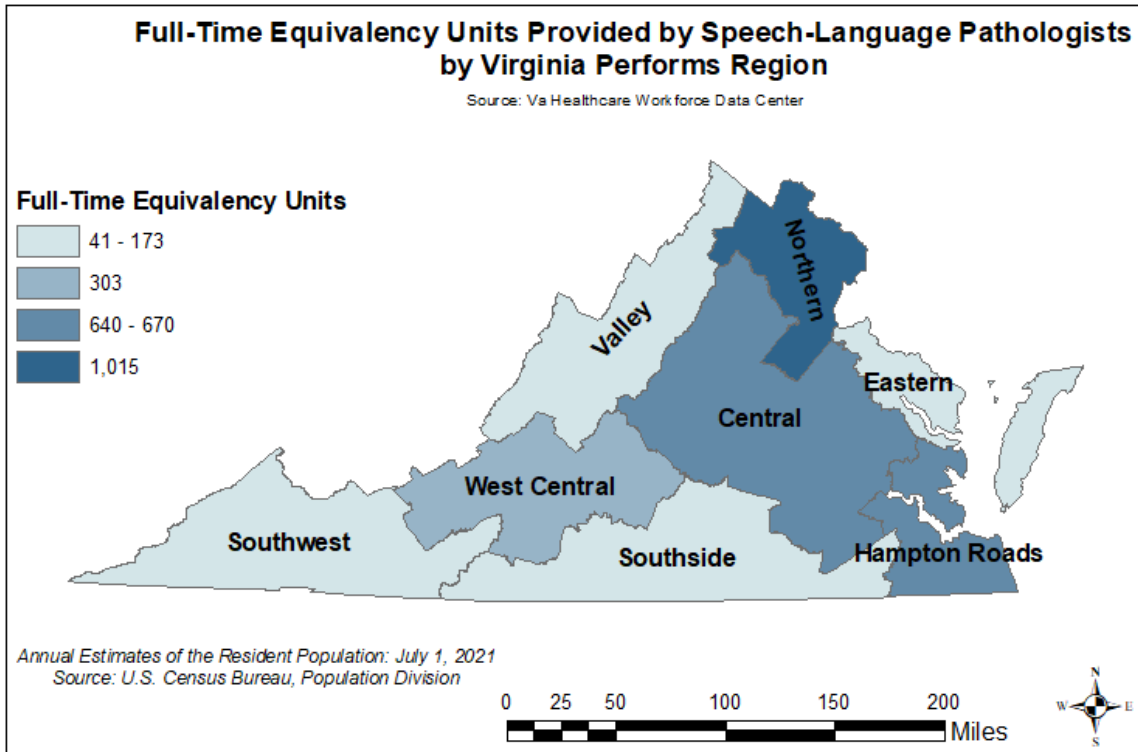
Source: Va. Healthcare Workforce Data Center

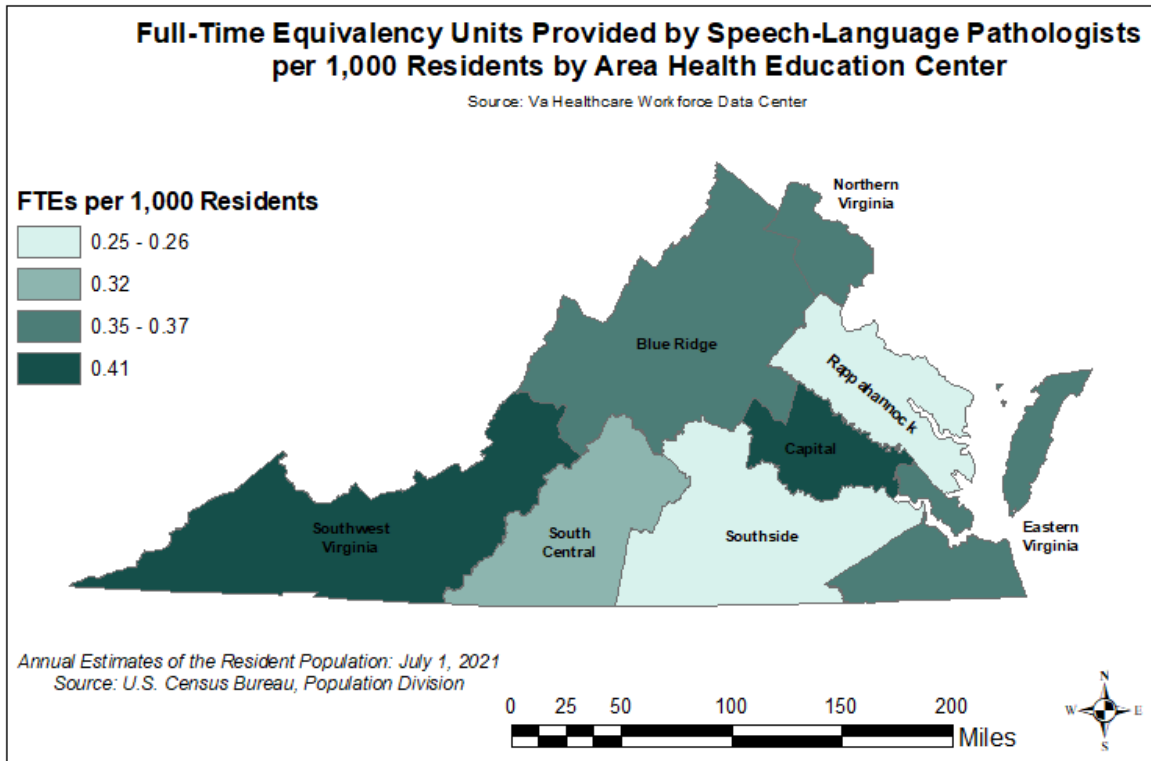
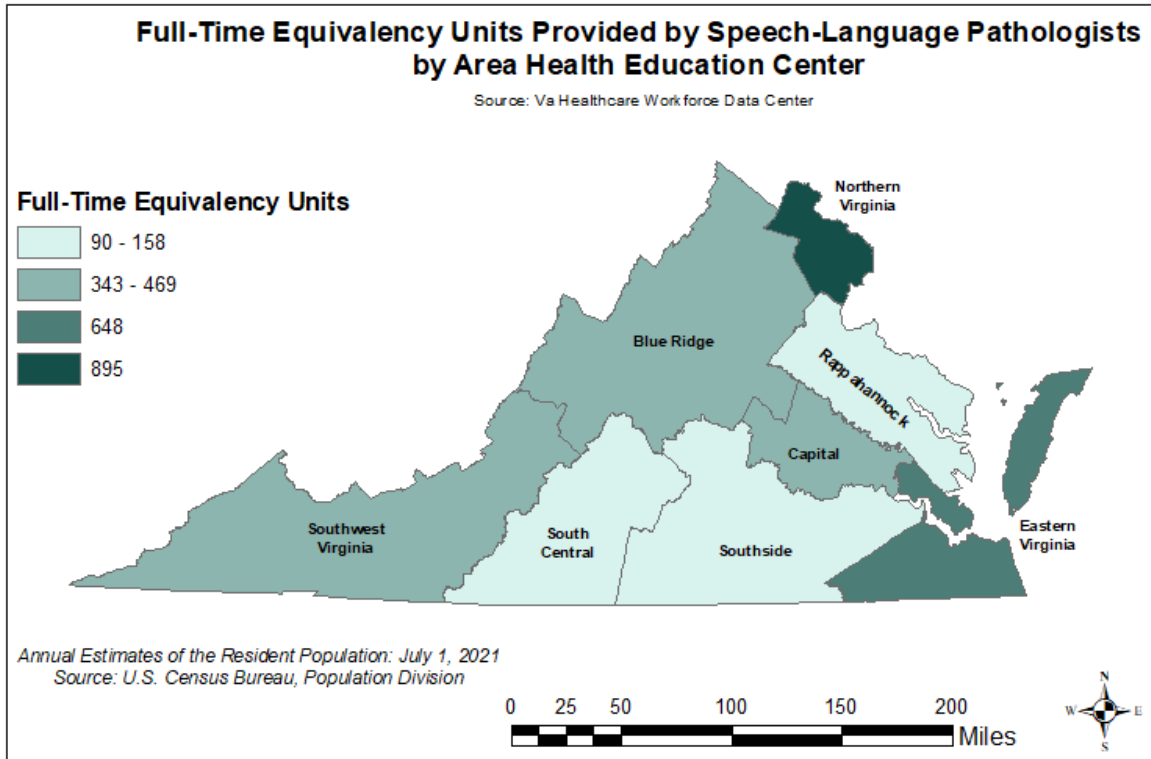


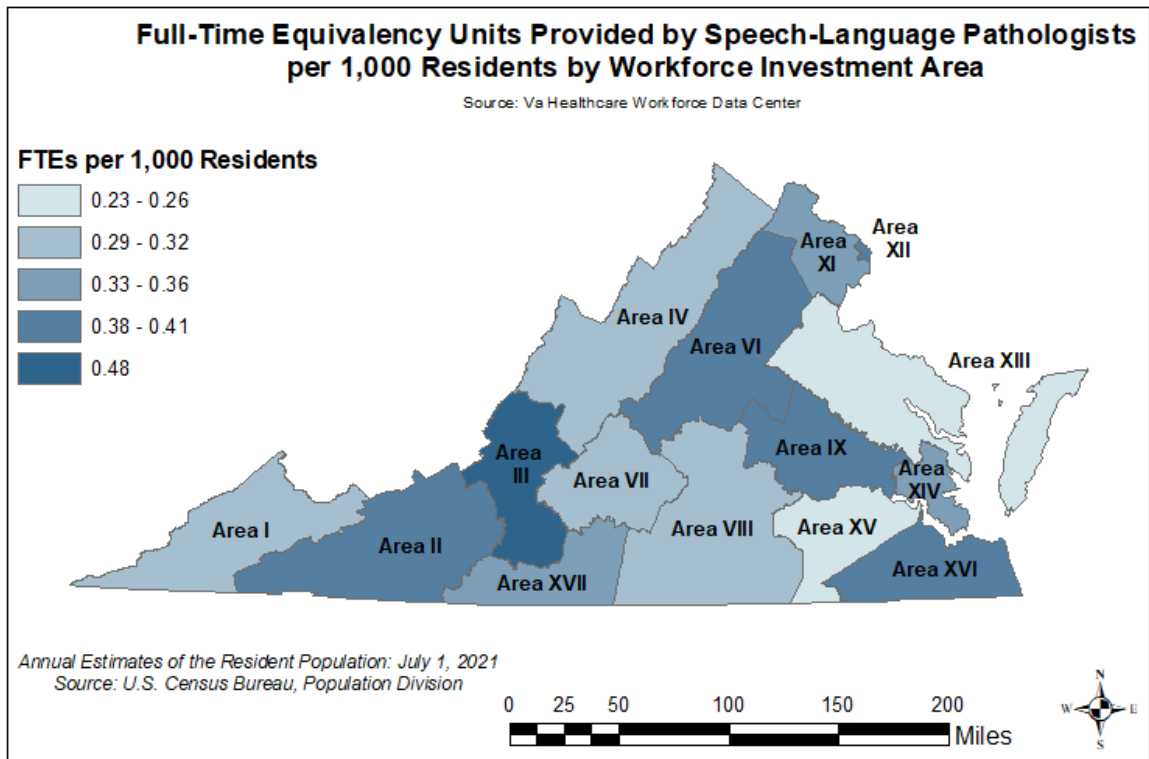
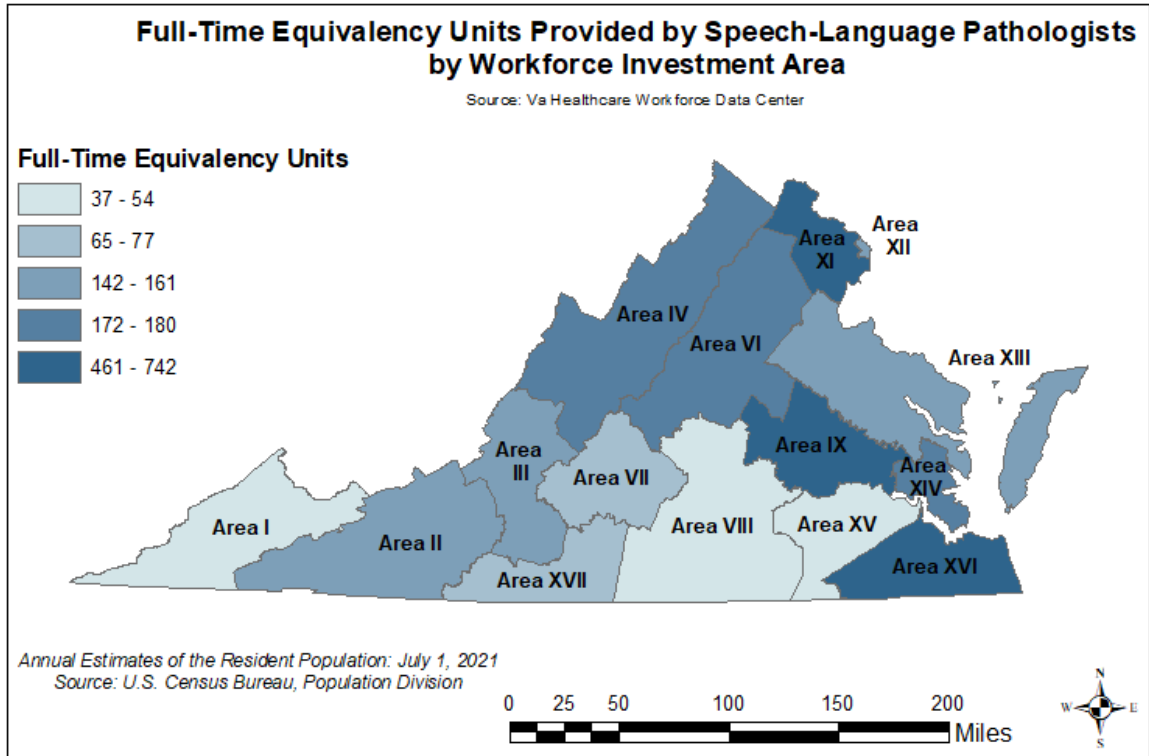
Source: Va. Healthcare Workforce Data Center

<sup>3</sup> Number of residents in 2021 was used as the denominator.

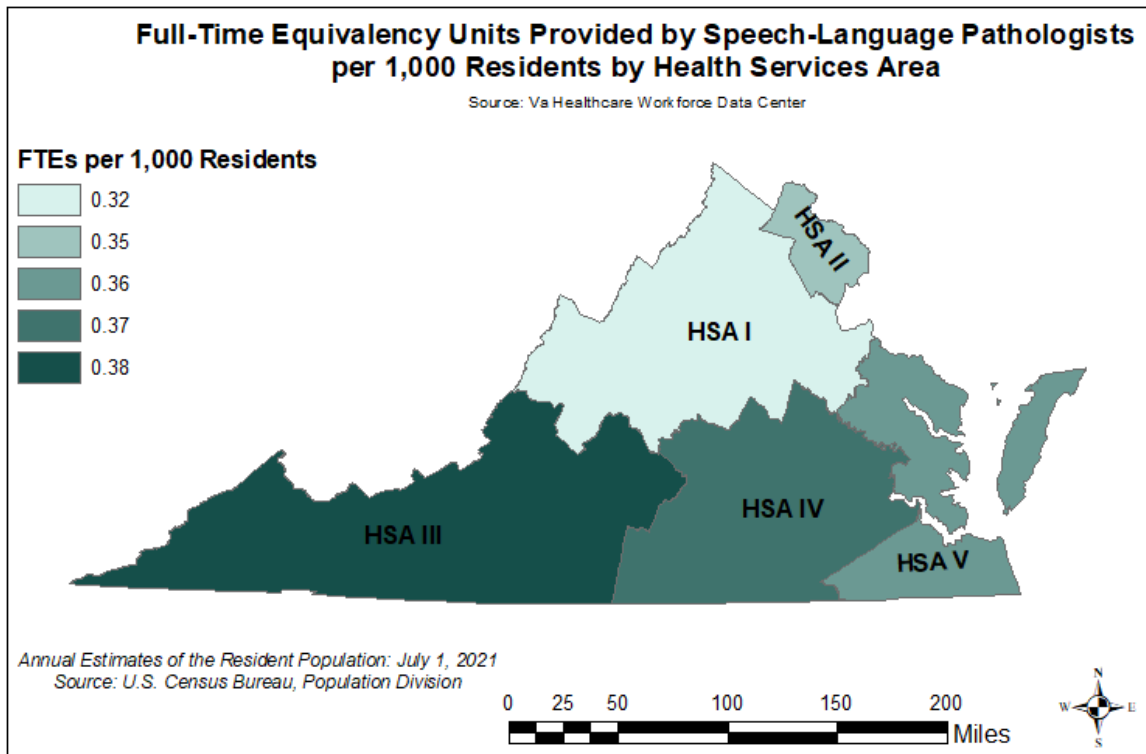
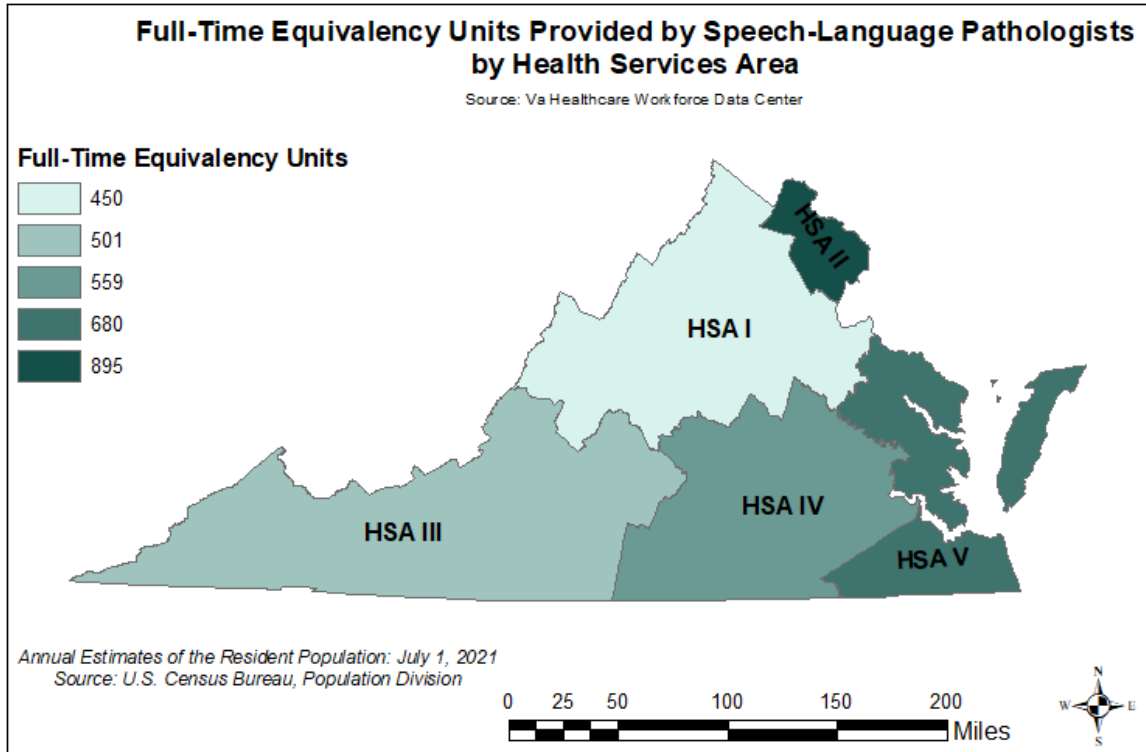
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

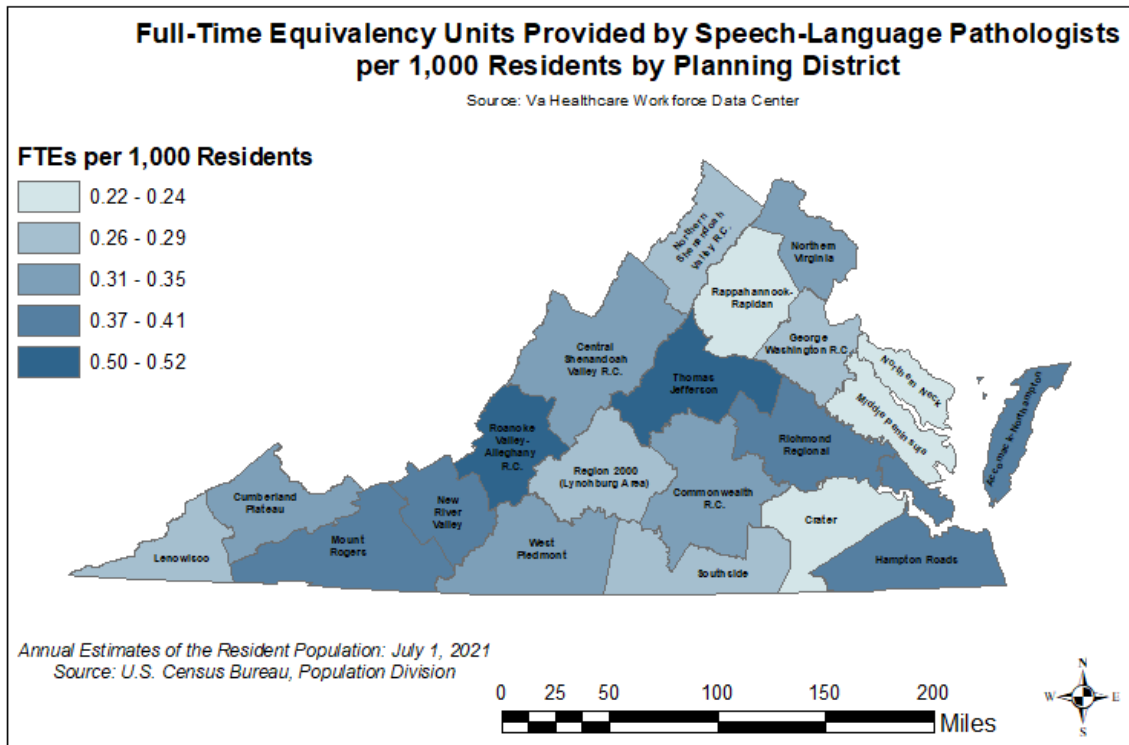
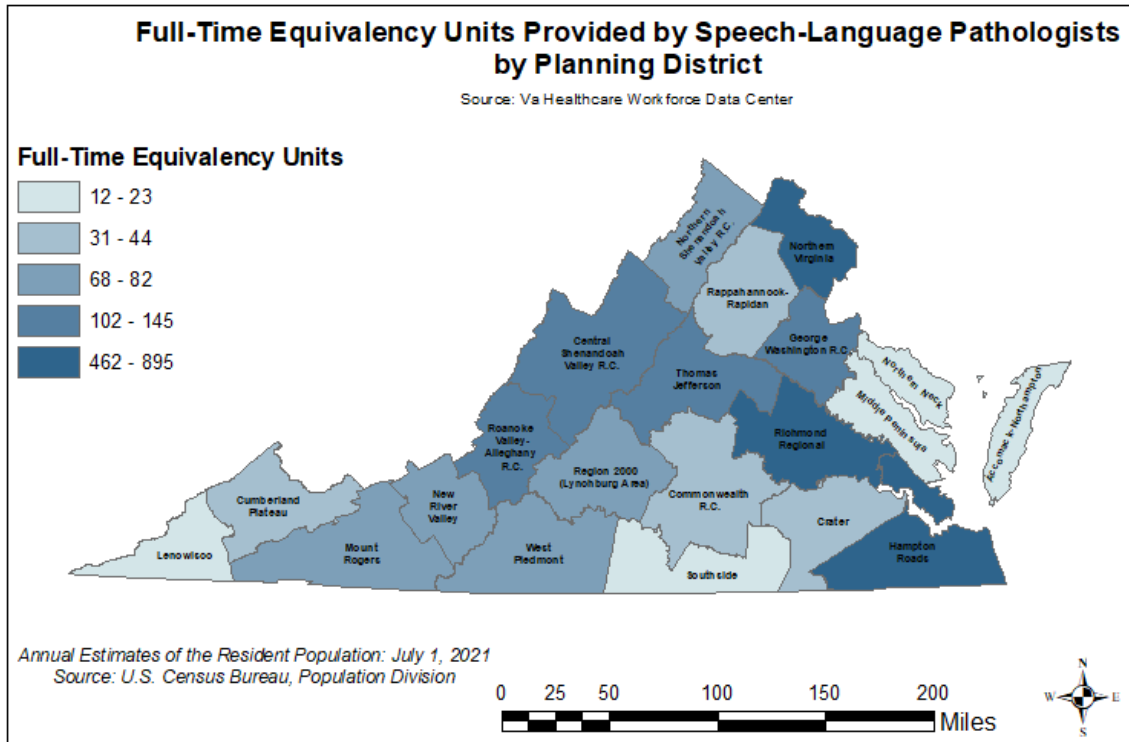












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,719	90.03%	1.111	1.045	1.262
<b>Metro, 250,000 to 1 Million</b>	303	91.09%	1.098	1.033	1.248
<b>Metro, 250,000 or Less</b>	430	89.53%	1.117	1.051	1.269
<b>Urban, Pop. 20,000+, Metro Adj.</b>	47	91.49%	1.093	1.029	1.242
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	140	90.00%	1.111	1.046	1.263
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	76	90.79%	1.101	1.037	1.252
<b>Rural, Metro Adj.</b>	62	90.32%	1.107	1.042	1.258
<b>Rural, Non-Adj.</b>	22	81.82%	1.222	1.150	1.389
<b>Virginia Border State/D.C.</b>	552	73.37%	1.363	1.283	1.549
<b>Other U.S. State</b>	605	73.88%	1.353	1.274	1.538

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	642	75.86%	1.318	1.242	1.549
<b>30 to 34</b>	845	84.02%	1.190	1.122	1.399
<b>35 to 39</b>	757	89.04%	1.123	1.058	1.320
<b>40 to 44</b>	639	88.26%	1.133	1.068	1.331
<b>45 to 49</b>	593	90.73%	1.102	1.039	1.295
<b>50 to 54</b>	501	91.62%	1.092	1.029	1.283
<b>55 to 59</b>	344	90.41%	1.106	1.042	1.300
<b>60 and Over</b>	635	83.46%	1.198	1.129	1.408

Source: Va. Healthcare Workforce Data Center

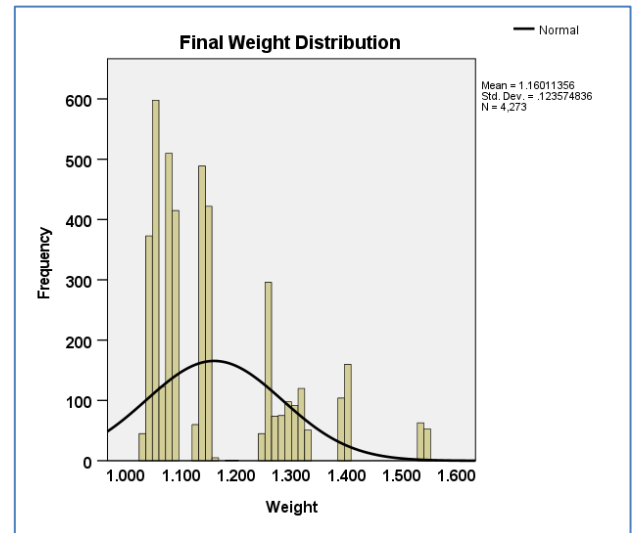
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

**Overall Response Rate: 0.862187**



Source: Va. Healthcare Workforce Data Center

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
BYLAWS**

**ARTICLE I: GENERAL**

The organizational year for the Board shall be from July 1<sup>st</sup> through June 30<sup>th</sup>. At the first board meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair with an effective date of January 1st. The term of office shall be one year.

For purposes of these Bylaws, the Board schedules three full board meetings in each year with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

**ARTICLE II: OFFICERS OF THE BOARD**

1. The Chair presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The Chair shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-Chair shall act as Chair in the absence of the Chair.
3. In the absence of both the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

**ARTICLE III: ORDER OF THE BUSINESS MEETINGS**

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public Comment.
3. Approval of minutes.
4. The Executive Director and the Chair shall collaborate on the remainder of the agenda.

**ARTICLE IV: COMMITTEES**

There shall be the following committees:

**A. Standing Committees:**

**1. Special Conference Committee.**

This committee shall consist of two board members who shall review information regarding alleged violations of the audiology and speech-language pathology laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The Chair may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the Chair may appoint additional committees.

**2. Credentials Committee.**

The committee shall consist of two or more board members. The committee may review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations when the Board Chair deems necessary. The committee shall not be required to meet collectively.

**3. Legislative/Regulatory Committee.**

The committee shall consist of at least three Board members of which one member shall be the Chair and shall include at least one audiologist and one speech-language pathologist. The Board delegates to the Legislative/Regulatory Committee the authority to consider and respond to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying

documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

4. **Continuing Education Committee.** This committee shall consist of at least two board members who shall review applicants for approval of continuing audiology and/or speech-language pathology education programs and other matters related to continuing education. The Board delegates the approval of continuing audiology and/or speech-language pathology education programs to this committee.

**B. Ad Hoc Committees**

There may be **Ad Hoc Committees**, appointed as needed, each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

**ARTICLE V: GENERAL DELEGATION OF AUTHORITY**

1. The Board delegates to Board staff the authority to issue and renew licenses where minimum statutory and regulatory qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses when the reinstatement is due to the lapse of the license and not due to previous Board disciplinary action ,unless specified in the Board Order.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.
5. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

6. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
7. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.
8. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a board member.
9. The Board delegates authority to the Executive Director to issue a Confidential Consent Agreement or offer a Consent Order for action consistent with any board-approved guidance document.
10. The Board delegates to the Executive Director the authority to grant continuing education extensions for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.
11. The Board delegates to the Executive Director the authority to grant a continuing education exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.
12. The Board delegates to the Chair, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
13. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
14. The Board delegates authority to the Executive Director to request and accept from a licensee, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

**ARTICLE VI. AMENDMENTS**

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board and the Board's legal counsel prior to any regularly scheduled meeting of the Board. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

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Chair  
Board of Audiology and Speech-Language Pathology



### Speech Pathology/Audiology Monthly Snapshot for January 2023

Speech Pathology/Audiology closed more cases in January than received. Speech Pathology/Audiology closed 1 patient care case and 0 non-patient care cases for a total of 1 case.

Cases Closed	
Patient Care	1
Non-Patient Care	0
<b>Total</b>	<b>1</b>

Speech Pathology/Audiology has received 0 patient care cases and 0 non-patient care cases for a total of 0 cases.

Cases Received	
Patient Care	0
Non-Patient Care	0
<b>Total</b>	<b>0</b>

As of January 31, 2023, there were 10 patient care cases open and 3 non-patient care cases open for a total of 13 cases.

Cases Open	
Patient Care	10
Non-Patient Care	3
<b>Total</b>	<b>13</b>

There are 5,879 Speech Pathology/Audiology licensees as of January 31, 2023. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Audiologist	585
School Speech-Language Pathologist	329
Speech-Language Pathologist	4,965
<b>Total for Speech Pathology/Audiology</b>	<b>5,879</b>

There were 79 licenses issued for Speech Pathology/Audiology for the month of January. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Audiologist	3
Provisional Speech-Language Pathologist	10
School Speech-Language Pathologist	5
Speech-Language Pathologist	61
<b>Total for Speech Pathology/Audiology</b>	<b>79</b>

# AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

## 2023 CALENDAR

<b>January 30, 2023 (Monday)</b>	Training Room 2 10:00 AM	REGULATORY COMMITTEE MEETING
<b>March 14, 2023 (Tuesday)</b>	<b>BR 3 10:00 AM</b>	<b>BOARD MEETING</b>
<b>May 9, 2023 (Tuesday)</b>	TR 2 HR 2 & 4	INFORMAL CONFERENCE(S)
<b>August 8, 2023 (Tuesday)</b>	<b>BR 3 10:00 AM</b>	<b>BOARD MEETING</b>
<b>October 10, 2023 (Tuesday)</b>	TR 1 HR 2 & 4	INFORMAL CONFERENCE(S)
<b>December 12, 2023 (Tuesday)</b>	<b>BR 3 10:00 AM</b>	<b>BOARD MEETING</b>

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