



American Board of Stuttering, Cluttering & Fluency Disorders

## **STANDARDS & PROCEDURES MANUAL**

### **Specialty Board Certification in Stuttering, Cluttering, and Fluency Disorders (BCS-SCF)**

**Approved by the American Speech  
Language Hearing Association's  
Council for Clinical Certification in Audiology and  
Speech Language Pathology's  
Committee for Clinical Specialty Certification (CCSC)**

**Revised by the  
American Board of Stuttering, Cluttering, and Fluency  
Disorders  
2025**

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## **American Board of Stuttering, Cluttering, and Fluency Disorders Manual Forward**

Many individuals contributed to the establishment of the original Specialty Board on Fluency Disorders and the program for creating a cadre of Board Recognized Specialists in Fluency Disorders (BRS-FD). This Manual is dedicated to those individuals whose farsightedness, tenacity, perseverance, dedication, and caring enabled the American Speech-Language-Hearing Association's Special Interest Division on Fluency and Fluency Disorders to champion the cause of educating specialists in the fluency and fluency disorders. Fortunately, the Division on Fluency Disorders was aided in its efforts by an equally persevering and caring community of people who stutter, their families, their friends, and the support organizations that serve them. In addition, we dedicate this Manual to those board members who assisted prior to and during the transition from a recognition program to a specialty certification program.

This Specialty Certification Program has moved beyond the induction of its inaugural cadre, followed by mentoring and developing further board certification in fluency disorders, and now providing certification in the area of stuttering, cluttering, and fluency disorders. We were the first in ASHA's history to develop and maintain such a program, and we now continue to grow into a certification process. This edition of this Manual, approved by the CFCC, provides guidance for a professional to become a Board Certified Specialist in Stuttering, Cluttering, and Fluency Disorders (BCS-SCF).

In 2022 the ABFFD initiated a discussion among board members to update the name of the Board. The aim of the change was to better reflect the range of services offered to clients by board certified specialists. This process involved direct communication with membership including roundtable discussions and surveys. In 2023, the name change was approved by the American Speech-Language and Hearing Association from the American Board of Fluency and Fluency Disorders to the American Board of Stuttering, Cluttering, and Fluency Disorders. Specialists were then advised to list their credentials to BCS-SCF.

Finally, the American Board of Stuttering, Cluttering, and Fluency Disorders (ABSCF) would like to give thanks to all professionals who worked diligently, volunteering time and effort for specialization on behalf of those with who demonstrate stuttering, cluttering, and fluency disorders. The ABSCF also acknowledges both those of the Founding Specialty Commission:

*Eugene B. Cooper, Chair  
Walter H. Manning  
Nan Bernstein Ratner  
C. Woodruff Starkweather  
Jennifer B. Watson*

and those of the Charter Specialty Commission on Fluency Disorders:

*Richard Curlee, Chair  
Diane G. Hill  
Michael Sugarman  
David Shapiro  
Walter H. Manning*

We remain dedicated to the specialty certification process, grateful for the candidate's initial contributions, and honoring those we ultimately are committed to serve.

*Elyse Lambeth, Chair ABSCF, 2023*

*Updated in May of 2024 by Robert Reichardt, Chair, and Laura Johnson, Vice-Chair,  
ABSCF*

## **I. Introduction**

This Manual details specific policies, standards and procedures through which the Board fulfills its charge of administering a high-quality program for the certification of specialists in stuttering, cluttering, and fluency disorders. To maintain its recognition by the American Speech-Language-Hearing Association as an approved Specialty Certification Board, the policies, standards, and procedures noted herein are consistent with those described in the American Speech Language Hearing Association's Council for Clinical Certification in Audiology and Speech Language Pathology's (CFCC) Committee for Clinical Specialty Certification, *Guidelines for Specialty Commissions* (ASHA, 1997). Included in this Manual are the Board's charge, responsibilities, organization, and the components of the BCS-SCF program. Also included are Board bylaws, a definition of the specialty area, a summary of events leading to the establishment of the American Board of Stuttering, Cluttering, and Fluency Disorders, and application and report forms utilized in administering the program.

## **II. American Board of Stuttering, Cluttering, and Fluency Disorders**

### **A. BOARD'S CHARGE**

***The American Board of Stuttering, Cluttering, and Fluency Disorders is charged with developing and administering a high-quality program for certification of specialists in the area of stuttering, cluttering, and fluency disorders.***

### **B. BOARD RESPONSIBILITIES**

The ABSCF shall:

1. Develop, implement, and revise, as needed, requirements and standards for the certification and credentialing of specialists in stuttering, cluttering and fluency disorders.
2. Develop, review, and revise, as needed, procedures for soliciting, processing, and evaluating applications for BCS-SCF in a timely fashion.
3. Develop, implement, and revise, as needed, a process for assessing applicant's knowledge, skills, and experience as set forth in the established standards for BCS-SCF.
4. Develop, review, and revise, as needed, requirements and procedures for maintaining the credential of BCS-SCF.

5. Establish policies and procedures for assessing and collecting fees.
6. Maintain the Board's financial viability.
7. Apply the standards and procedures fairly and consistently for both applicants and credentialed specialists.
8. Create, maintain, and revise, as needed, the ABSCF Standards and Procedures Manual. The Manual shall detail the specific procedures and activities through which the responsibilities of the Board will be discharged. The Manual will be reviewed annually and be revised as necessary by the Board. Revisions to the Manual shall be forwarded to the Council for Clinical Specialty Certification (CFCC) for review and approval.
9. Conduct meetings as necessary to fulfill the charge of the Board.
10. Develop and administer procedures for appeals and grievances.
11. Maintain a database, publish a roster of BCS-SCF, and promote the specialty in stuttering, cluttering, and fluency disorders to the public, educators, and other professionals.
12. Establish and maintain the Board as an independent corporate entity with appropriate liability protection.
13. Establish procedures for routinely evaluating the satisfaction of those persons participating in the certification program.
14. File an annual report to the Council for Clinical Specialty Certification (CFCC) detailing the Board's activities and presenting evidence that it is fulfilling its charge and responsibilities. This report is filed in January of each year.
15. Require that members of the Board are available to applicants for advice, guidance, and support throughout the entire certification process.
16. Receive and review informal feedback and formal complaints from consumers regarding care received from BCS-SCFs. If formal complaints are deemed within the scope of the Board, the Board will provide a resolution to the concern.

## **C. BOARD ORGANIZATION**

The Board must be composed of no fewer than five members. Four members must be BCS-SCFs and one must be a public member who is knowledgeable about stuttering, cluttering, or fluency disorders or who is a family member of a consumer of stuttering, cluttering, and fluency disorders services. The public member cannot be a speech-language pathologist. The Board's bylaws (see Appendix A) address such issues as election to the Board, terms of office, officers and officer responsibilities, and other critical organizational information.

### **I. DOMAINS & COMPETENCIES REQUIRED FOR BCS-SCF**

In September 2014, the American Board of Fluency and Fluency Disorders (ABFFD), with the support of the American Speech-Language-Hearing Association (ASHA), initiated a practice analysis study of speech-language pathologists whose professional practice includes a specialization in stuttering, cluttering, and fluency disorders. The purpose of the study was to create a comprehensive competency framework identifying the core competencies needed by specialists to perform their work responsibilities in an appropriate and effective manner.

The competency framework was validated by conducting a survey of practitioners who held the ABFFD designation [Board Certified Specialist in Fluency and Fluency Disorders (BCS-FD)] and also practitioners who were not board certified but met criteria that mirrored the Board's eligibility requirements for certification. The Board's objectives in conducting the study were to enhance the professional certification program and professional development and continuing education (CE) related to fluency and fluency disorders and to foster the advancement of the field.

The procedures used in conducting the practice analysis study involved an interactive process that combined the:

- practice analysis expertise of Knapp & Associates International, Inc. (Knapp) consultants;
- professional knowledge of a task force of subject matter experts who held the BCS-FD and had significant experience and a broad view of the stuttering, cluttering, and fluency disorder specialty; and
- judgments of a representative and independent sample of practicing BCS-FDs and professionals whose practice and expertise includes stuttering, cluttering, and fluency disorders.

The competencies across each major domain area were weighted on both frequency as

well as importance. Standards for BCS-FD apply these competencies to both the application process to become an active candidate as well as within the Stuttering, Cluttering, and Fluency Disorders Portfolio submission. Major Domains and Competencies are listed below.

(1) **PROFESSIONALISM: Maintain competence and ethical practice**

1.a Remain current in research by reviewing professional and academic literature for the purpose of informing practice and maintaining specialty certification.

1.b Engage in professional development activities in stuttering, cluttering, and fluency disorders and other related topics for provision of current and high-quality services reflecting best practice to clients and the community.

1.c Adhere to the ASHA Code of Ethics by reviewing current and updated standards to ensure ethical practice and to provide a model for best practice and professionalism.

1.d Advance evidence-based practice by consulting with professionals in related fields in order to ensure cross-discipline best practice for clients with stuttering, cluttering, and fluency disorders.

(2) **LEADERSHIP: Education, mentoring and/or supervision of professionals and/or students who work with clients.**

2.a Educate speech-language pathologists and/or students about the nature, evaluation, and treatment of stuttering, cluttering, and fluency disorders through teaching, conducting in-services and providing resources.

2.b Supervise graduate students, clinical fellows, and support personnel commensurate with their status through observing, modeling, and providing feedback to increase knowledge about, and skills in, evaluation and treatment.

2.c Mentor speech-language pathologists through modeling, sharing resources, and providing feedback to advance knowledge and skill development.

2.d Consult with speech-language pathologists and other relevant parties

(e.g., teachers, support personnel, administrators, caregivers, employers, co-workers and other professionals) to customize goals and treatment methods and develop accommodations to enhance treatment outcomes.

2.e Collaborate with organizations (e.g., school districts, hospitals, clinics or agencies and private practitioners) to create innovative service delivery programs in order to enhance treatment outcomes.

(3) **ADVOCACY: Education of relevant parties stakeholders and public about stuttering, cluttering, and fluency disorders on behalf of clients and/or population and provision of client support.**

3.a Educate caregivers, family members, teachers, administrators, support personnel, employers, and other professionals (e.g., physicians, psychologists) about the nature of stuttering, cluttering, and fluency disorders and the value of treatment in a variety of ways (e.g., presentations, publications, consultation) in order to garner support and resources for meeting client needs.

3.b Educate third party payers about the nature of stuttering, cluttering, and fluency disorders and the value of treatment in a variety of ways (e.g., correspondence, documentation) in order to obtain funding for services.

3.c Educate the public about the nature of stuttering, cluttering, and fluency disorders and the value of treatment in a variety of ways (e.g., presentations, publications, media) in order to promote awareness, support early identification, and improve the social, academic and work environments of individuals with stuttering, cluttering, and fluency disorders.

3.d Provide strategies (e.g., expressing rights, needs, solutions; appealing decisions) to families and clients that reflect current legislation, policy and regulations to promote successful self-advocacy.

3.e Recommend and secure customized care to facilitate innovative service delivery options (e.g., providers, frequency, contexts) to meet individual needs of clients.

3.f Identify and support governmental and social policies by communicating with policy makers in order to support best practices for individuals with fluency disorders.

(4) **SERVICE PROVISION: Screening, assessment, diagnosis, treatment, and follow-up services**

4.a Integrate effective counseling skills throughout the provision of services.

4.b Conduct screening through identification of risk factors and analysis of fluency patterns for early detection of stuttering, cluttering, and fluency disorders.

4.c Determine plan of action based on screening results to ensure appropriate service provision to the client.

4.d Integrate multiple sources of information (e.g., review of case history, cultural factors and language differences; and previous evaluation and treatment records; consultation with family members, teachers, and other professionals regarding concomitant or related diagnoses) to support a comprehensive, multidimensional, differential assessment.

4.e Conduct a multidimensional assessment by administering informal and formal measures of behavioral, cognitive, affective, social, and linguistic components related to stuttering, cluttering, and fluency disorders and other speech, voice, and language factors in order to diagnose and plan treatment.

4.f Interpret informal and formal measures of behavioral, cognitive, affective, social, and linguistic components related to stuttering, cluttering, and fluency disorders and communication difficulty to determine the overall life impact of the problem and the client's strengths, coping strategies, resources, and supports.

4.g Analyze assessment results to differentially diagnose fluency conditions (e.g., stuttering/cluttering/atypical disfluencies/acquired stuttering) from typical disfluencies and other possible diagnoses (e.g., apraxia of speech, language formulation difficulties, reading disorders, word finding problems, difficulties with organization of discourse, and language differences) to ensure effective treatment.

4.h Recognize both communicative and non-communicative needs (e.g., medical, psychological, developmental, sensory) and identify when to refer the client for further consultation, assessment and/or treatment.

4.i Communicate evaluation findings as they relate to the client's environments (e.g., home, academic, social, cultural, professional) in a sensitive manner that ensures understanding by the client, stakeholders, and other professionals.

4.j Develop, implement, and modify differential treatment plans and rationales based on the client's evolving needs and treatment outcomes for individualized treatment.

4.k Develop, implement, and modify an appropriate plan of dismissal, follow-up and maintenance to promote long-term change.

#### **IV. STANDARDS AND IMPLEMENTATION FOR SPECIALTY CERTIFICATION IN STUTTERING, CLUTTERING, and FLUENCY DISORDERS**

The Standards and Procedures for Board Certification in Stuttering, Cluttering, and Fluency Disorders were created to provide a fair and rigorous method for assessing a set of knowledge and skills required for an individual to receive and maintain the advanced credential of BCS-SCF.

The ABSCF assesses the aforementioned 4 major domains and competencies in two ways:

- 1) Standard A (the application process) and
- 2) Standard B (the portfolio submission process).

##### **Standard A involves two parts:**

1. Meeting eligibility to submit an application
2. Application submission for active candidacy

See Appendix F-STUTTERING, CLUTTERING, AND FLUENCY DISORDERS PORTFOLIO GUIDELINE for specific guidelines on how the portfolio will be scored.

**Very Important Note:** As you begin the initial stages of working on the application, the Board recommends establishing a connection with a mentor that is a Board Certified Specialist in Stuttering, Cluttering, and Fluency Disorders. Mentors can guide you in maximizing your learning about the requirements during the application process. You are welcome to contact the Board prior to starting the application process if you need assistance connecting to a mentor.

## STANDARD A

### *Part 1: Eligibility for Application*

In order to submit an application to become an active candidate for Board Certification in Stuttering, Cluttering, and Fluency Disorders, a speech-language pathologist is required to meet four criteria:

- 1) Hold the Certificate of Clinical Competence** awarded by the American Speech-Language-Hearing Association
- 2) Be employed** as a speech-language pathologist for a minimum of **3 years** (or full time equivalent) *after* obtaining the CCC.
- 3) Document 450 hours of Clinical Contact Service** within the area of stuttering, cluttering, and fluency disorders within a period of 5 years prior to application and post completion of the clinical fellowship year. A minimum of 25 clinical contact hours are required in each of the following age ranges: (a) preschool (2-6 years of age); (b) school-age (7-15 years of age; and (c) adolescent/adult (16 and up).

#### Telepractice:

Candidates may count contact hours gained via telepractice as long as the following conditions are met:

- i. ASHA standards for telepractice are followed  
[https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Key_Issues)
  - ii. The candidate follows state licensure requirements in the state in which the telepractice client resides and the state in which the clinician is conducting therapy.
  - iii. A HIPPA compliant platform is used.
- 4) These clinical contact service hours may include the following:**
- a) Providing direct clinical services.
  - b) Supervisory clinical contact hours are considered to be those involved in direct supervision that may include identification, prevention, assessment, and intervention services related to stuttering, cluttering, and fluency disorders. Clinical supervision is defined as supervision of student clinicians working with individuals who stutter, clutter, or have a fluency disorder. Supervisory hours may include:
    - i. Demonstrating therapy skills with the client to assist the student in their development of clinical knowledge.

- ii. Co-treating with the student clinician.
  - iii. Counseling provided directly to the client and/or their family members or other relevant individuals. This may include obtaining information from these individuals, providing information to them, problem solving, and offering other counseling activities.
- c) A maximum of 90 hours in other related clinical activities may be used toward the 450 clinical hour requirement. Other clinical activities include the following:
- i. Teaching academic coursework in the area of stuttering and cluttering
  - ii. Conducting scholarly activities related to stuttering, cluttering, and fluency disorders which may involve presenting and publishing. A presented course must have received ASHA CEUs or state CEUs. Any papers published should be submitted to the ABSCF.
  - iii. Developing programs related to stuttering, cluttering, and fluency disorders. (e.g. initiating or facilitating an NSA chapter or other support group, moderating a parent group at a Friends conference, etc.)

**Very important note:** Direct clinical contact hours may include hours obtained up to 5 years from the time an application is submitted and can only include hours gained after obtaining the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

In addition, cases from the past 5 years may be used as part of the candidate's portfolio submission, but may not include cases seen during the clinical fellowship year. If the candidate has been employed longer than 5 years, they may utilize cases for their portfolio submission from the last 5 years at the time the candidate's application is accepted.

**5) Document 6 CEUs** (or 60 hours) of training in stuttering, cluttering, and fluency disorders. These hours must be at the intermediate or advanced level. These CEUs *may begin to accrue after* the CCC is obtained and within the 3 years preceding application. Guidelines for obtaining CEUs include:

- a) Continuing education must come from a **variety of sources** (e.g., in-person attendance of conferences/workshops, journals, DVDs/online CEUs, live online conferences) with **no more than 3 CEUs (30 hours)** derived from published DVDs, prerecorded online presentations, and/or journals. Please note, live and interactive webinars and virtual seminars are considered "live hours."
- b) Continuing education must include a **variety of topics**, with a minimum of 48 hours specifically related to stuttering, cluttering, and fluency disorders. Of

the 48 hours, a minimum of 3 hours (0.3 CEUs) must be in the area of cluttering and/or fluency disorders. There may be 12 hours from other topics related to diagnosing and treating stuttering, cluttering, and other fluency disorders (e.g., speech, language, motor learning, cognitive and behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders).

## **STANDARD A**

### ***Part 2: Submitting an Application Packet***

Once the aforementioned requirements are completed, the speech-language pathologist submits an application packet for approval to become a candidate for certification. This packet includes ***four components***:

**Component 1:** Application and required fee (*see BCS-SCF Application*)

**Component 2:** Completion and documentation of required clinical hours (*see BCS-SCF Application Verification of Direct Clinical Activity Form*)

**Component 3:** Copy of Official Continuing Education transcripts from ASHA and a completed continuing education form (*see BCS-SCF Application Continuing Education Form*)

**Component 4:** Three recommendation letters attesting to the candidate's knowledge and skills working on stuttering, cluttering, and fluency disorders (*see BCS-SCF Application Recommendation Letter Form*) should be sent separately by the reference to the ABSCF Administrative Office (563 Carter Court, Suite B, Kimberly, WI 54136 or emailed to [info@stutteringspecialists.org](mailto:info@stutteringspecialists.org)).

**Note:** Guidelines for recommendation letters include obtaining one letter from each of the following:

- a. Personal client or parent of client
- b. Colleague within the field of speech-language pathology
- c. Colleague

Once an application has been submitted and approved by the ABSCF, the applicant becomes an active candidate. In order to receive BCS-SCF, an active candidate must submit a portfolio within a three-year time period from acceptance of application.

An approval letter to become an active candidate for BCS-SCF will be sent via letter and email to the applicant within 30 days of receipt of the completed application packet.

## **STANDARD B: Stuttering, Cluttering, and Fluency Disorders Portfolio Submission**

Standard B involves an active candidate's submission of a portfolio for assessment.

Upon acceptance, a Portfolio Template Guide is emailed to the candidate.

Submission of a portfolio of case studies must be provided to the American Board of Stuttering, Cluttering, and Fluency Disorders for review at any time within a 3-year time period following acceptance.

**Very Important Note:** All active candidates are *required* to work with a Board Certified Specialist in Stuttering, Cluttering, and Fluency Disorders as they prepare their portfolio. Candidates are required to notify the Board of their mentor within 90 days of becoming an active candidate. If you need assistance identifying a mentor, please contact the Board prior to the 90-day mark.

### **Components of the Stuttering, Cluttering, and Fluency Disorders Portfolio**

The submitted Stuttering, Cluttering, and Fluency Disorders Portfolio includes *two major components*: (a) Statement of Philosophy (b) three case presentations. All forms for Stuttering, Cluttering, and Fluency Disorders Portfolio submissions may be found at the end of this Manual.

#### **Component 1: Statement of Philosophy**

Each candidate will provide his or her statement of philosophy regarding assessment and treatment of individuals who stutter, clutter, or have other fluency disorders. This statement provides the ABSCF with the candidate's personal views of theoretical perspectives, as well as the evaluation and treatment of stuttering, cluttering, and other fluency disorders in regard to the candidate's training, personal study, interaction with professionals and/or mentors in the field, and clinical experience.

The statement of philosophy will also provide evidence of the candidate directly learning from people who stutter. The candidate will reflect upon how learning more about the

lived experiences of people who stutter has shaped their evaluation and treatment philosophy. The candidate will also reference how this knowledge was gained. Examples of this may include activities such as participating or volunteering in support groups for people who stutter, conversational groups with people who stutter, and seeking out videos, podcasts, and books on the lives of people who stutter.

The Statement of Philosophy must be no more than three pages in length, 12pt font, single-spaced. Proper *citation* of a minimum of 5 references is required.

## **Component 2: Case Presentations**

The second component of the candidate's Stuttering, Cluttering, and Fluency Disorders Portfolio contains **three** case presentations, *one each* within the following age ranges:

- Preschool (ages 2-6)
- School Age (ages 7-15)
- Adolescent-Adult (16-Adult)

**Note:** A telepractice client may be included as a portfolio case as long as the stipulations outlined under "Eligibility for Application" part 3 are followed. Video clips for these cases must be from the internal recording system within the tele-practice platform and include both the clinician and the client on the screen.

Each *Case Presentation* contains **three parts** and is presented in the following manner:

### **Part 1. Authorization for Release of Information**

An Authorization for Release of Information form must be provided for *each* case study presented in the portfolio. In addition, all information provided in the Case Summary Forms and Video Submission Forms must be commensurate with HIPPA Compliance.

If students are directing therapy under the supervision of a candidate in the academic setting, there must be a signed release from that student.

### **Part 2. Case Presentation Form**

Each case is presented to the ABSCF by utilizing the Case Presentation Form.

This form allows the candidate to present the case and include all necessary information pertaining to the domains and competencies for BCS-SCF. All cases must be presented utilizing the Case Summary Form.

Each case must be either evaluated or re-evaluated by the candidate. If the case received an initial evaluation by another individual, a summary of the findings of the initial evaluation must be included in the Case Summary Form as well as any additional testing performed.

For clinical supervisors: For those clinicians holding academic positions, case presentations can be included in the portfolio as long as the candidate directly performed at least one portion of both the evaluation and treatment. The remaining portions of the evaluation/treatment could be in direct supervision of the student but must include documentation of the ways in which the candidate supervised the student. The case presentation form will provide more details about how this is to be documented.

Length of time in treatment: While there is no requirement regarding length of treatment time, it is suggested the candidate select cases where the time in treatment was sufficient to demonstrate the overall critical thinking process at the time of evaluation and throughout the therapy process.

### **Part 3. Video Clips**

For all three cases, **2 video recorded** examples of **5-7 minutes in length each** are required with a total of 6 videos. The purpose of these clips is for the reviewers of the portfolio to observe the candidate's ability to engage in the therapeutic process, responding to the needs of the client at a particular moment in time. Thus, both the clinician and the client must be in the video frame. It is helpful for preschool cases to include video that shows how the parent was incorporated in therapy or counseled regarding stuttering.

For clinical supervisors: The candidate may utilize multiple videos to show candidate, client, and student interactions, and it is not required that the videos be edited into a continuous 7-minute clip. The videos must include the candidate interacting with the client and can include the candidate interacting with the student. Those combinations may include (a) and (b) or (c):

- a) 3 ½ minutes of graduate student interacting with client\*
- AND
- b) 3 ½ minutes of candidate discussing the same session as the video in (a) with the graduate student\*
- OR
- c) 7 minutes of the candidate and client\*

\*Within the candidate's full portfolio, the video case studies should include at least one example of each of the above: (a), (b), and (c).

All Stuttering, Cluttering, and Fluency Disorders Portfolios are submitted electronically to the ABSCF Administrative Office. Please contact [info@stutteringspecialists.org](mailto:info@stutteringspecialists.org) for instructions. Once the portfolio is submitted in its entirety, the candidate will receive an email confirming receipt of all the required documents. Notification of results of the review by the ABSCF by letter, sent via email, occurs within 90 days of submission. If the Portfolio submitted does not fulfill the requirements provided in the Portfolio Guide, it will be sent back to the candidate for revisions prior to review. If approved, the candidate utilizes the designator of Board Certified Specialist-Stuttering, Cluttering, and Fluency Disorders (BCS-SCF). If the portfolio does not pass the submission or resubmission, the individual can reapply to be a candidate after 3 years from the time of receiving the email regarding their portfolio resubmission.

**Note:**

- ❖ **All forms for application for BCS-SCF as well as for Stuttering, Cluttering, and Fluency Disorders Portfolio submission are located in the Appendix of this Manual.**

## **IV. STANDARDS FOR MAINTAINING SPECIALTY CERTIFICATION IN STUTTERING, CLUTTERING, AND FLUENCY DISORDERS**

Board Certification by the ABSCF is granted for a five-year period beginning in June. In order to maintain BCS-SCF status a specialist must meet certain annual and 5-year standards. In addition to *paying an annual fee*, individuals must maintain a high degree of knowledge and skills in the area of stuttering, cluttering, and fluency disorders. To maintain knowledge each BCS-SCF must accumulate a minimum of 10 Continuing Education Units (CEUs) (100 continuing education hours) during each five-year renewal period. In order to maintain clinical skills, specialists are expected to be actively engaged in clinical practice as well as stay current on advances in research and evidence-based practice. To be actively engaged in clinical practice a specialist must attest to maintaining an average per year minimum of 100 clock hours of professional activities during the five-year renewal period.

### **A. Implementation for Annual Membership Maintenance**

- 1. Complete BCS-SCF Annual Membership Form and Pay Annual Fees** The BCS-SCF must pay an annual fee (refer to fee section) to maintain BCS-SCF

status. A renewal notice will be sent by the Administrative Office, which includes a due date. Payment must be sent to the Administrative Office along with the completed **BCS-SCF Annual Membership Form**

## **B. Implementation for Five Year Renewal**

### **1. Complete BCS-SCF Five-Year Renewal, Annual Membership Form, and Pay Renewal Fee.**

A renewal notice will be sent by the Administrative Office, which includes a due date. Payment must be sent to the Administrative Office along with the completed **BCS-SCF Five-Year Renewal Form**.

### **2. Verification of 500 Hours of Professional Activity**

Each BCS-SCF specialist is required to be active in the management (assessment, treatment, supervision and/or consultation) of clients with stuttering, cluttering, and fluency disorders and/or their families by providing a minimum of 500 clock hours of clinical activity over a 5-year period. A *maximum of **100 hours*** of Indirect Clinical Contact may be utilized as part of the 5-year renewal process. Proof of such practice will be attested to on the Annual Update Form. The ABSCF may request verification of professional activity.

### **3. Continuing Education Requirement**

Every fifth year from the initial awarding of BCS-SCF status specialists must complete a **Five-Year Renewal Form** documenting 10 CEUs (100 contact hours).

The intent of the CEU requirement is that specialists will engage in continuing education activities that update and further enhance their ability to serve people who stutter, clutter, or have fluency disorders. For this reason, a significant proportion of the CEU requirement must be in activities directly related to stuttering, cluttering, and fluency disorders. At the same time, it is recognized that continuing education activities in other areas of knowledge and practice can contribute to quality of practice in stuttering, cluttering, and fluency disorders.

- a.* The CEUs must have been accumulated during the five-year period from when the BCS-SCF designation was awarded or last renewed.
- b.* The CEUs will consist of the following:
  - Either 100 hours of ASHA-approved CEUs OR
  - A minimum of 80 hours of ASHA approved CEUs and up to a maximum of 20 hours of non-ASHA CEUs.

- c. Approval of the non-ASHA CEUs are at the discretion of the board and will include intermediate and advanced hours in or related to stuttering, cluttering and fluency disorders.

**Very Important Note:** Please see required documentation on the ABSCF website, as well as examples of non-ASHA CEU experiences that would be approved. For non-ASHA continuing education experiences that are not listed on the ABSCF website, please contact the Board at least 45-days in advance of the continuing education experience for consideration.

- d. Continuing Education may come from a **variety of sources** (e.g., direct participation in conferences/workshops; Journals; DVDs/online workshops; Live Web-based CEUs).
- e. Continuing Education must cover a **variety of topics**.
- A minimum of 80 hours specifically related to Stuttering, Cluttering, and Fluency Disorders
  - Of the 80 hours in stuttering, cluttering, and fluency disorders, a minimum of 5 hours (0.5 CEUs) **must be in the area of cluttering and/or fluency disorders**
  - 20 hours may be from other topics related to diagnosing and treating stuttering, cluttering, and fluency disorders (e.g., speech, language, motor learning, cognitive, behavioral therapy, sensory processing, executive functioning, autism, counseling, other related disorders).
- f. All 10 CEUs (100 hours) must be at the **intermediate or advanced level**.

The rationale for these levels of difficulty is that specialists will be seeking activities which will further advance their existing knowledge related to stuttering, cluttering, and fluency disorders.

**Very Important Note:** Payment and required documents must be received by the Administrative Office on or before the due date to avoid late fees or possible revocation of BCS-SCF status. The Board will respond to renewal applications within 30 days of

their receipt. If the materials are approved, the BCS-SCF will receive a Renewal Certificate, which indicates that the BCS remains in good standing for the next five years pending the continued receipt of the **Annual fees** and **Annual Membership Form**.

### **C. BCS-SCF Retired and Life-Time Member Status & Standards**

BCS-SCF Retired or Life-Time Member Status is awarded in recognition of previous specialty certification (or recognition prior to January 1, 2014) in stuttering, cluttering, and fluency disorders. An application is submitted, based upon the *Standards for BCS-SCF Retired and Life-Time Member Status* listed below, and upon acceptance an individual is awarded with a certificate of Retired or Life-Time Member Status by the ABSCF, kept informed of current ABSCF happenings, and included on all lists of BCS-SCF. Retired and Life-Time Member status indicates to consumers that the specialist had obtained a significant milestone in terms of number of years of practice. Retired specialists are *natural promoters of specialty certification*.

#### **Retired Member Status**

The following standards need to be met in order to submit an application:

- 1) Applicant must be age 65 **OR** have held ASHA certification (CCC) for a total of 25 years.
- 2) Applicant **must hold** active specialty certification in stuttering, cluttering, and fluency disorders (BCS-SCF) at time of retired certification holder status application **OR must have held** the status of a certified (recognized) specialist at the time of becoming a lifetime member.
- 3) Must have held Specialty Recognition in Fluency and Fluency Disorders, Specialty Certification in Fluency and Fluency Disorders prior to 2023, and/or Specialty Certification in Stuttering, Cluttering, and Fluency Disorders for ten years (not necessarily consecutively).
- 4) In accordance with ASHA guidelines, retired members no longer retain a Certificate of Clinical Competence and cannot treat clients.

#### **Life-Time Member Status**

The following standards need to be met in order to submit an application:

- 1) Applicant must be age 65 **OR** have held ASHA certification (CCC) for a total of 25 years.
- 2) Applicant **must hold** active specialty certification in stuttering, cluttering, and fluency disorders (BCS-SCF) at time of Life-Time Member status is initiated **OR must have held** the status of a certified (recognized) specialist at the time of becoming a Life-Time Member.
- 3) Must have held Specialty Recognition in Fluency and Fluency Disorders, Specialty Certification in Fluency and Fluency Disorders prior to 2023, and/or Specialty

Certification in Stuttering, Cluttering, and Fluency Disorders for ten years (not necessarily consecutively).

4) Life-Time members will be allowed to continue clinical work with clients.

5) The member must maintain continuing education credits consistent with the standards outlined for Life-Time members. **3 CEUs (30 hours) accrued over the three-year renewal period will be required.** Please see *Life-Time Renewal Continuing Education Form* on the ABSCF website for details. Please note: the Board is allowing an initial phase-in period for the initial cadre of Life-Time members who transition to this status in 2019, 2020, and 2021. Life-time members in these years will submit their first renewal in June 2024. At that time, members will need to indicate they obtained the 3 CEUs (30 hours) during the renewal period. Following the initial renewal in June 2024, members will be required to submit their renewal every three years. Members who transition to Life-Time status after June 30, 2021 will be required to submit their first renewal in June 2025.

## **V. Late Fees**

A late fee (see fee section) will be assigned if renewal fees and required materials are not received by the *Administrative Office* **within 30 days of the due date.**

## **VI. Feedback and Formal Complaint Process**

### INFORMAL FEEDBACK REVIEW PROCESS

Submissions received through our "ABSCF Feedback" form will be shared with the Board. Unless there are concerns by the Board, no further formal action will be taken.

### FORMAL COMPLAINT REVIEW PROCESS

All BCS-SCF are expected to maintain a high level of clinical care in their specialty area. Standards of care are outlined in the Manual and include treatment that is evidence-based and client specific. The ABSCF provides consumers with the ability to make a formal complaint regarding the care received. In an effort to support consumers and BCS-SCF and ensure that a high level of care is provided by specialists, the ABSCF will review complaints and facilitate resolution to any issues when it is within the scope of the ABSCF (See Consumer Complaint FAQs on the ABSCF website).

## **VII. Loss of Board Certification**

If required materials and fees are not received **within 90 days past the due date**, the BCS-SCF will lose their board certification status. Their name will be removed from the list of specialists on the BCS-SCF website, and he/she may no longer use the

designation of BCS-SCF. ***A specialist will be notified through certified mail of loss of BCS-SCF status.***

## **VIII. Reinstatement Policy**

A BCS-SCF who loses their specialist status as a result of Standard VI above may be reinstated if all renewal documentation is submitted and all fees in arrears since the last five-year renewal period are paid. The cost of any certified letters sent to the specialist will be part of these fees. However, after five years of lapsed renewal, he/she must meet the standards in place at that time.

### ***Implementation***

*There are two situations in which reinstatement may be necessary.*

*The first is for a specialist who has allowed their status to lapse in the second or third year of the five-year renewal. In this case reinstatement requires submission of a completed **Annual Membership Form** and payment of all fees (including late fees).*

*The second situation is one that involves the fourth year. The fourth year renewal reinstatement requires submission of a completed renewal form, documentation of the required CEUs for the past four years, verification of at least 400 hours of clinical activity over a 4 year period, and payment of all fees (including late fees) within 90 days of the due date. If payment and required documentation have not been received within 90 days of the due date, he/she must meet the standards in place at the time renewal is requested.*

## **IX. Leave of Absence Policy**

The ABSCF is aware that from time to time, a BCS-SCF may have reason to request a leave of absence from active certification status because of an inability to maintain the required annual clinical contact hours. This may be due to health and family issues, change in job requirements or graduate study requirements. The ABSCF is desirous of assisting constituents whenever possible to maintain their BCS-SCF status. Therefore, the Board has established the following policy for leave of absence:

- A BCS-SCF who desires to take a leave of absence must write a letter (email is acceptable) to the ABSCF requesting a leave and stating reasons for the leave and the length of time expected for the leave. The Board will respond with a confirmation email or letter.

- A BCS-SCF leave of absence may be granted *ONLY* for the requirement of *clinical activity*. If the request is granted the BCS-SCF will be removed from the published roster of specialists for the duration of the leave and/or until a request for reinstatement has been approved. Reinstatement will be contingent upon the individual maintaining CCC-SLP, remaining current on all BCS-SCF fees and submission of a report summarizing Continuing Education activity that meets BCS-SCF requirements. Therefore, during the leave of absence period, the BCS-SCF must pay annual fees and meet Continuing Education requirements according to ABSCF published Continuing Education guidelines. Requirements for maintaining active clinical practice will be suspended during the period of the leave of absence.
- If a leave of absence is granted to a BCS-SCF, it is limited to a *maximum* of three years. If the candidate wishes to extend the leave beyond five years, he/she must reapply for the status under the then current standards.
- There are two options for reinstating certification following a leave of absence:
  1. A member on an approved leave of absence may accrue their 500 clinical hours spread over the entire 5-year renewal period, rather than meeting the 100 hours per year criterion.
  2. A member on an approved leave of absence may request an extension of the renewal period. This will allow the member to remain "not active" as a specialist until the clinic clock hour requirement is met. Certification will be reinstated upon completion of the 500 clock hours. A request for an extension of the renewal period must be submitted to the Board in writing or via email prior to the end of the 5-year renewal period.

## **X. Table of Fees-subject to change with notice**

<b>Initial BCS-SCF Application Fee</b>	<b>\$ 250.00</b>
<b>Annual Membership Fee</b>	<b>\$ 110.00</b>
<b>Five Year Renewal Fee</b>	<b>\$ 110.00</b>
<b>Late Fee</b>	<b>\$ 25.00</b>
<b>Life-Time Member</b>	<b>\$55.00</b>
<b>Retired Member</b>	<b>\$25.00</b>

***All fees are in US dollars and may be paid by credit card, personal check, cashier's check or money order.***

*Checks or money orders should be made payable to:*

*ABSCF*

*563 Carter Court*

*Kimberly, Wisconsin 54316*

***OR renew online at [stutteringspecialists.org](http://stutteringspecialists.org)***

## **XI. PROCESS FOR APPEALING DECISIONS OF THE ABSCF**

In keeping with the Council for Clinical Specialty Certification's (CCSC) guidelines, petitioners filing an appeal with the ABSCF are assured of their rights to due process and fairness through the inclusion of the following:

1. Timely notification of the hearing;
2. Provision of adequate time to investigate charges and prepare a defense;
3. Opportunity to respond to charges and present evidence on the petitioner's behalf;
5. Right of the petitioner to be represented by counsel;
6. Opportunity to present witnesses and question opposing witnesses;
7. Provision of a written statement of the reasons for a disciplinary action taken, based on the evidence presented at the hearing;
8. Notice of the right to appeal; and,
9. Freedom from conflicts of interest throughout the appeals process.

### **A. General Principles**

1. An individual whose specialty certification has been denied or revoked by the American Board of Stuttering, Cluttering, and Fluency Disorders (ABSCF) may appeal that decision. The first level of appeal is a request for further consideration by the ABSCF. In this appeals process document, the ABSCF shall be referred to as the Board. If the ABSCF sustains its decision, the individual may appeal the decision to an Appellate Body.

The Chair of the ABSCF will appoint one member of the ABSCF to chair the Appellate Body. The Chair of the Appellate Body will appoint two additional members to the Appellate Body from individuals who are BCS-SCFs but who are not current Board members.

2. Denial or revocation of the BCS-SCF by the American Board of Stuttering, Cluttering, and Fluency Disorders shall not become effective until the decision has become final (i.e., at the conclusion of further consideration and appeal).

3. The names of the members of the Appellate Body will be made known to the Appellant prior to the Appellate Body being informed of the name of the individual appealing a Board decision. Should an Appellant believe that one or more members of the Appellate Body should not address the appeal because of possible conflicts of interest, the Appellant may petition the ABSCF to alter the make-up of the Appellate

Body. The ABSCF will consider the petition and make a decision to either replace or retain the Appellate Body member(s). The majority decision of the Board is final.

4. In this appeals process document, the ABSCF shall be referred to as the Board. The Appellate Body is the group of persons to whom an appeal of a Board decision shall be made. Individuals who request further consideration, or appeal, of a decision made by the Board shall hereinafter be referred to as the Appellant. Standards for Recognition as a Specialist shall hereinafter be referred to as Specialist Standards. A request for further consideration shall be referred to as a Further Consideration Hearing.

## **B. Rules of Procedure for Further Consideration**

### **1. Initial Decision**

Notice of an adverse action (e.g., denial or revocation of BCS-SCF) taken by the Board shall be contained in a document called the Initial Decision. The Initial Decision shall describe the basis for the adverse action, specifically addressing the Specialist Standard(s) that were not met. The Initial Decision shall reference and append the Rules of Procedure for Further Consideration and Appeals as adopted by the Board.

### **2. Notice of Initial Decision**

- a. Individual applicants for or holders of the BCS-SCF shall receive written notice of the Initial Decision, which shall be sent by certified mail, return-receipt requested, within 30 days of the Board's decision.
- b. If the ABSCF does not receive a request for a Further Consideration Hearing within 30 days of the date the Initial Decision was mailed, the Board's Initial Decision shall become final and there shall be no further rights of appeal.

### **3. Procedures for Further Consideration Hearing by the Board**

- a. Individual applicants or holders of BCS-SCF who received an Initial Decision may request that the Board conduct a Further Consideration Hearing. The Further Consideration Hearing is an opportunity for an appellant to present additional oral and/or written information, documentation, and/or correspondence to demonstrate compliance with those Specialist Standards cited as deficient in the Initial Decision.
- b. A request for a Further Consideration Hearing shall be in writing, addressed to the chair of the Board, and must be received within 30 days of

the date that the Initial Decision was mailed. The request shall specify in what respects the Initial Decision was allegedly wrong. The Further Consideration Hearing shall be based solely on oral and/or written information and/or materials submitted to the Board.

#### **4. Notice of Decision After Further Consideration**

a. Appellants shall receive written notice of the Board's decision after further consideration, which shall be sent by certified mail, return-receipt-requested within 30 days of the Board's decision. The notice shall reference and append the Board's Rules of Procedure for Further Consideration and Appeals.

b. The Decision After Further Consideration shall describe the basis for the Board's decision, specifically addressing the Specialist Standards that the appellant met or failed to meet.

c. If the Chair of the Board receives a Request for Appeal of an Adverse Decision After Further Consideration within 30 days after the date that Decision was mailed, an Appellate Body will be formed to hear the appeal. If a Request for Appeal of an Adverse Decision After Further Consideration is not received within 30 days after the date that the Decision was as mailed, the decision of the Board shall become final and there shall be no further right of appeal.

#### **5. Appeal to the Appellate Body**

An Appellant shall have the right to appeal to the Appellate Body an adverse Decision After Further Consideration by the Board. The appeal to the Appellate Body shall be governed by the Rules of Procedures for Further Consideration and Appeals. The decision of the Appellate Body shall be final and there shall be no further right of appeal.

### **B. Rules Governing the Procedure for Further Consideration**

#### **1. General Principles**

a. Individuals whose BCS-SCF has been denied or revoked by the Board may appeal the Decision After Further Consideration of the Board to the Appellate Body.

b. The function of the Appellate Body shall be to review the record and to determine whether the Board followed required procedures, properly applied

Specialist Standards, and based its decision on evidence that was in the record before it when it made its decision. The Appellate Body shall determine whether or not there was evidence before that Board that would justify its decision.

c. An Appeal of the Boards decision shall be based on the Board's record. All oral and/or written material that the Board considered in reaching its decision constitutes "the record." The Appellate Body shall not receive or consider evidentiary matters that are not included in the record.

## **2. Conflict of Interest**

In the interest of insuring integrity of the appellate process, the Appellate Body, in considering Specialist Standards appeals, shall adhere to the following guidelines for avoiding conflict of interest or perception thereof that might impair the objectivity of the Appellate Body in reaching its decision:

a. An Appellant shall be given the opportunity to inform the chair of the Appellate Body of any conflict or potential conflict they are aware of on the part of any Appellate Body member(s) and to ask that such member(s) be disqualified from participating in any manner in the appellate process.

b. Any Appellate Body member who has a current professional or personal relationship with an appellant whose appeal is being adjudicated, or who in the recent past has had such a relationship, shall decline to participate in any manner in that appellate process. If an Appellate Body member has any doubt as to whether he/she should decline to participate, the chair of the Appellate Body shall be asked to make the decision.

c. Members of the Appellate Body must maintain strict confidentiality at all times with respect to their deliberations and comments during the course of the appellate process. It is also incumbent upon all Appellate Body members to maintain strict confidentiality with respect to any action taken for so long as that action, under the Rules of Procedures for Further Consideration and Appeals, has not become public.

## **3. Rules Governing the Filing and Processing of Appeals**

a. Within 30 days of the date upon which a certified, return-receipt-requested letter of denial from the Board was mailed to an Appellant, the Appellant shall submit to the Board Chair a notice of intent to appeal. The Board Chair will appoint one member of the Board to chair the Appellate Body and transmit a copy of the intent to appeal letter to the Chair of the Appellate Body, certifying

to the Appellant that a copy was transmitted. The membership of the Appellate Body will be formed as described in Section X.A.1.

b. Within 60 days of the date upon which the certified, return-receipt-requested letter of denial from the Board was mailed to the Appellant, the Appellant shall submit to the Chair of the Appellate Body a written explanation of the grounds for the appeal. This explanation shall not introduce evidentiary matter not included in the record before the Board. The Appellant shall transmit a copy thereof to the Chair of the Board and shall certify to the Chair of the Appellate Body that a copy was transmitted.

c. The Chair of the Appellate Body shall assign a time for the requested Appeal Hearing and shall cause the Appellant and the Chair of the Board to be notified of the time and place thereof. Each shall have the right to appear in person or by designated representative and to present a statement or argument; or, alternatively, each shall have the right to present a statement or argument via conference telephone call.

d. Before the Appeal Hearing, the Board shall furnish to the Appellate Body, for review by its members, complete copies of the record made before the Board.

e. The Appellant and the Appellate Body shall be entitled to be represented by counsel at the Appeal Hearing. The Chair of the Board shall be entitled to the assistance of a resource person at the Appeal Hearing.

f. No additional persons other than the Appellant (or representative) shall be entitled to the assistance of a resource person at the Appeal Hearing.

g. Following introductory remarks by the Chair of the Appellate Body, the Appellant shall be heard first, then the Board. Finally, the Appellant shall be afforded the opportunity for rebuttal.

h. After the Appeal Hearing, at a time fixed by the chair, the Appellate Body shall meet in closed session, with only the ASHA staff archivist and the legal advisor to the Appellate Body present, to consider its decision, which shall be reached by majority vote of those Appellate Body members in attendance at the Appeal Hearing.

i. The Appellate Body shall notify the appellant and the chair of the Board in writing within 30 days of its decision. The notice shall be mailed certified, return-receipt-requested.

j. All personal costs incurred by the Appellant in connection with the appeal including travel and lodging, counsel, and other fees, shall be the Appellant's sole responsibility.

### **3. Rules Governing the Filing and Processing of Accelerated Appeals**

At the time of noting the intent to appeal or at any time before the Appeal Hearing, the Appellant, for good cause, may request in writing that the chair grant an accelerated appeal to be heard before a panel of the Appellate Body.

a. The Appellant's request for an accelerated appeal shall be accompanied by written acknowledgment and agreement that the Appellate Panel's decision shall be final and in all respect the same as a decision in the matter by the Appellate Body as a whole.

b. The chair of the Appellate Body shall inform the Appellant within 10 business days of the decision whether the request for an accelerated appeal is granted.

c. If the request is granted, the Chair of the Appellate Body shall promptly appoint a panel of three Appellate Body members, naming a chair thereof, to hear and decide the appeal. The Appellate Panel shall follow, and be bound by, the procedures governing appeals before the Appellate Body as a whole, except that the time for the filing of the appellant's written explanation of the grounds for appeal may be shortened. Accelerated appeals may be conducted by conference telephone call.

## **APPENDICES**

- A. Bylaws of the American Board of Stuttering, Cluttering, and Fluency Disorders**
- B. Annual Report to the Council for Clinical Specialty Certification (CCSC)**
- C. Five Year Report to the Council for Clinical Specialty Certification (CCSC)**
- D. CCSC Glossary of Terms Relating to Specialty Certification**
- E. Forms for Application for Candidacy & Maintenance**
- F. Forms for Portfolio Submission**
- G. The original *Fluency Specialist Recognition Program: A Perspective***

## **APPENDIX A**

### **BYLAWS**

#### **American Board of Stuttering, Cluttering, and Fluency Disorders (ABSCF)**

##### **Article I - Name**

The name of this Specialty Board is the American Board of Stuttering, Cluttering, and Fluency Disorders, herein referred to as Board.

##### **Article II – Organization**

2.1 Definition of Organization. The Specialty Board has oversight for the specialty certification program in the area of Stuttering, Cluttering, and Fluency Disorders.

##### **Article III – Purposes**

The purpose of this Board shall be to:

3.1 Establish, maintain, and periodically update the Standards for Board Certification as a Specialist in the area of Stuttering, Cluttering, and Fluency Disorders.

3.2 Maintain a fair and equitable process by which the American Speech-Language-Hearing Association certified speech-language pathologist may apply for and receive certification as a specialist in the area of stuttering, cluttering, and fluency disorders.

3.3 Through the maintenance of the standards for specialty certification, promote the scientific base of clinical practice in the area of stuttering, cluttering, and fluency disorders.

3.4 Foster improvement of clinical services and procedures in the area of Stuttering, Cluttering, and Fluency Disorders.

3.5 Advocate the rights and interests of persons who stutter, clutter, or have a fluency disorder, their families, their caretakers, and their significant others.

##### **Article IV - Board Members**

4.1 Duties and Responsibilities. The members of the Board shall manage, supervise, and control its business, property, and affairs of the Board, including the establishment of a budget, the raising and disbursement of funds, and the adoption of rules and regulations for the conduct of business consistent with the Board's purposes.

4.2 Composition. The Board must be composed of not fewer than five members, one of whom will be a consumer of stuttering, cluttering, or fluency disorder services, or a family member of such a consumer, and not a speech-language pathologist. For the first and all subsequent elections, voting members will receive a short biographical sketch describing the qualifications of each nominee.

4.3 Selection and Terms. Members of the Board will be elected by email ballot by holders of Specialty Certification, following a call for nominations. Members of the Board, after seeking input from those participating in the Stuttering, Cluttering, and Fluency Disorders Specialty Certification Program, will prepare the final slate of nominees. Board terms shall be for 3 years. Election occurs the first week of December each year.

4.4 Removal and Vacancies. A member of the ABSCF may be removed from office by at least a two-thirds vote of Board members. Vacancies occurring on the Board related to resignations, death, incapacity, or otherwise shall be filled by the Board's appointment of a replacement to complete the remainder of the term being vacated. A vacancy occurring on the Board by reason of an increase in the number of directors shall be filled by the Board appointment of an additional member to serve until the first scheduled general election after completing *at least* 12 months of service.

4.5 Term Limitations. Board terms of office are limited to no more than two consecutive 3-year terms. Board members may be reelected to the Board for multiple 3-year terms, so long as there is at least a 3-year hiatus between those terms. Board members appointed by the Board to complete vacated board member positions may seek no more than two consecutive 3-year terms following completion of the term for which they were appointed.

4.6 Committees. The Board shall create and dissolve standing committees, councils, etc., and designate and change committee charges, size, composition, and terms as needed.

4.7 Chair. The Chair shall be the presiding officer of the Board. The Chair shall convene the annual meeting and any other meetings of the Board. The Chair

shall be elected for a one-year term by a majority vote of the Board at its first meeting in January each calendar year. Chairs may serve for as many one-year terms as they remain on the ABSCF. The Chair shall serve as ex-officio member of every committee, council, and board established by the Board.

- 4.8 Other Officers. Other officers of the Board, elected annually at its first meeting in January, shall be:
- a. Vice-Chair, charged with assuming the duties of Chair in the absence of the Chair. The Vice-Chair may also be assigned other responsibilities as deemed appropriate by the Chair.
  - b. Treasurer, the chief financial officer for the Board.
  - c. Other positions on the ABSCF.
  - d. The Chair may request an additional non-elected, non-voting Board member, such as an historian.
  - e. The Historian shall be appointed by the incoming Board Chair and approved by a vote of the Board at a winter meeting. The incoming Chair shall bring forward a motion to the Board for the appointment of a Historian, who shall provide perspective on the history of the Board's policies and procedures. If approved, the position will be for a three-year term. The Historian will be chosen from past Chairs of the Board but may not be the most recent past Chair. The Historian is a non-voting member.
  - f. All other members of the Board, with the exception of the historian, shall be elected and serve as voting members of the Board.

## **Article V – Meetings**

5.1 Annual Meeting. The Board shall meet each year. A quorum shall consist of a majority of the members of the Board.

5.2 Meetings. Meetings may be called at any time or from time to time at the direction of the Chair or by a majority of the Board. At the direction of the Chair, meetings may be held and business conducted by video conferencing, if all persons participating in the meeting can communicate with each other at the same time. Participation in a meeting by such means shall constitute presence in person at the meeting.

5.3 Notice: Notice of the time, date, and place of each meeting shall be given at least 15 days prior thereto by notice by phone, fax, or electronic mail to each member of the Board at his or her address. The purpose or purposes for each meeting shall be stated in the notice thereof.

## **Article VI – Administration**

6.1 Reports. The Board shall submit to the American Speech-Language-Hearing Association's Council for Clinical Specialty Certification an Annual Report in the format specified by the Council for Clinical Specialty Certification.

6.2 Fiscal Year. The fiscal year of the Board shall commence on January 1 and terminate on December 31.

6.3 Amendments. Amendments to these bylaws may be proposed by a majority vote of the Board and approved by a majority vote of those holding BCS-SCF.

6.4 Staff. Staff members to assist board members in administering and monitoring the Specialty Board on Stuttering, Cluttering, and Fluency Disorders may be employed as needed and as resources permit.

## **Article VII - Dissolution**

The Board may be dissolved by a unanimous vote of the Board and the majority vote of the holders of BCS-SCF.

**APPENDIX B: Annual Report to CCSC**

**Specialty Certification Board  
Annual Report Form**

American Board of Stuttering, Cluttering, and Fluency Disorders

**Annual Report To The  
Council for Clinical Certification in Audiology and Speech-  
Language Pathology  
Committee on Clinical Specialty Certification**

Submitted by:

Chair

Date:

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**American Speech-Language-Hearing Association**  
2200 Research Boulevard  
Rockville, Maryland 20850  
800-498-2071

**Instructions:** This Annual Report should be completed and submitted to the ASHA Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC) on January 15<sup>th</sup> of each year. The reporting period will cover January 1-December 31<sup>st</sup> of the preceding year. If a Specialty Certification Board is within the first year of operation following approval of its Stage II Application, it should complete **Part I** only. After the first year, Specialty Certification Boards should complete **Part II** only.

**PART I**—To be completed by Specialty Certification Boards that are within their first year of operation following approval of a Stage II Application.

1. The Specialty Certification Board Manual has been developed and approved by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC).

\_\_\_\_\_ Yes (Please indicate date of approval \_\_\_\_\_).

\_\_\_\_\_ No (Please indicate projected date of completion \_\_\_\_\_).

2. The Specialty Certification Board has completed the processes to ensure corporate status and organizational viability.

\_\_\_\_\_ Yes (Please attach documentation).

\_\_\_\_\_ No (Please indicate the projected date of completion \_\_\_\_\_).

[Items #1 and 2 must be completed before the Specialty Certification Board begins to process individual applications for specialty certification.]

3. The Specialty Certification Board has begun processing applications for specialty certification.

\_\_\_\_\_ Yes (Please provide the number received to date \_\_\_\_\_).

\_\_\_\_\_ No (Please indicate the projected date this will begin \_\_\_\_\_).

4. Has specialty certification status been awarded to any individual applicants?

\_\_\_\_\_ Yes (Please provide the number received to date \_\_\_\_\_).

\_\_\_\_\_ No (Please indicate the projected date this will begin \_\_\_\_\_).

5. Provide a complete financial statement with documentation of fees, collections, disbursements, and account balances.

6. \_\_\_\_\_ If no progress is reported in the above areas, please explain the work underway and any factors that may have delayed progress.

7. By what means were individual applicants informed of the application process

including costs. Attach supporting documentation (form letters, brochures, etc.)

8. How long did it take the Specialty Certification Board to process applications from time of receipt to time of notification of specialty certification?

9. What are the candidate's mechanisms to ensure that all applications are reviewed systematically and without bias?

10. Describe the candidate's procedures and timelines for collecting, recording and depositing applicable fees.

**PART II—To be completed by Specialty Certification Boards that have been established longer than 1 year following approval of a Stage II Application.**

**A. SPECIALTY PROCESS**

1. Complete the following based on activity since the last annual report:

- Number of applications received
- Number of applications in process
- Number of applications approved to proceed to portfolio
- Number of portfolios awarded certification
- Number of applications denied
- Number of submitted portfolios denied certification
- Number of appeals (If more than zero, please explain)
- Number of revocations of specialty certification
- Current total number of Board Certified Specialists (BCS)

2. Has the Specialty Certification Board implemented any modifications to any of the following items within the past year?

- 3. Application process including costs
- 4. Length of processing time to receipt of notification
- 5. Systematic review of applications guarding for bias
- 6. Collecting, recording and depositing applicable fees
- 7. Other procedures

Yes (If Yes, please summarize below).  
 No

**B. PLANNED REVISIONS**

8. Does the Specialty Certification Board plan any revision of its *Specialist Standards* within the coming year?

- Yes (Attach a detailed explanation).
- No

[All changes in the *Specialist Standards* must be presented to the CCSC for approval at least 6 months prior to planned implementation.]

9. Does the Specialty Certification Board plan any changes in its procedures within the coming year?

- Yes (Attach a detailed explanation).
- No

10. Does the Specialty Certification Board plan any changes in its Articles of Incorporation or By-Laws within the coming year?

Yes (Attach a detailed explanation).  
 No

11. Does the Specialty Certification Board plan any changes in its corporate status or liability protection in the coming year?

Yes (Please explain the planned changes)  
 No

C. COMPLAINTS

12. Has the Specialty Certification Board received any complaints during the past year?

Yes (Provide information about the nature of the complaints and how they were handled.)  
 No

D. SPECIALTY CERTIFICATION BOARD VIABILITY

13. Has the Specialty Certification Board been maintained as an independent organizational entity with appropriate liability protection?

Yes  
 No (Provide justification of current corporate status and liability protection)

14. Has the Specialty Certification Board completed an assessment or gathered data in the past year regarding the success and relevance of its specialty certification program? This must be done at least every 5 years or more often as deemed necessary.

Yes (Attach documentation of the completed assessment/data)  
 No (Provide anticipated dates of future assessments/data)

15. Provide a complete financial statement with documentation of fees, collections, disbursements, and account balances.

E. TARGETED AREAS OF FOCUS

- a. Please describe the activities that the candidate completed in previous year.
- b. Please describe the candidate's action plan and rationale for upcoming year.

F. ADDITIONAL INFORMATION OR COMMENTS:

Respectfully, \_\_\_\_\_, Chair

**APPENDIX C**  
**SPECIALTY BOARD FIVE YEAR REPORT TO THE COUNCIL FOR**  
**CLINICAL SPECIALTY RECOGNITION**

Completed Five-Year Reports are due on or before February 1. The CFCC will review  
annual reports during its Winter Meetings in February.

Specialty Certification Board

Five-Year Report Form

Name of Specialty Certification Board

Five-Year Report to the  
**Council for Clinical Certification in Audiology and**  
**Speech-Language Pathology (CFCC)**

Committee on Clinical Specialty Certification (CCSC)

**Submitted by**

**Date**

---

**American Speech-Language-Hearing Association**  
2200 Research Boulevard  
Rockville, Maryland 20850  
800-498-2071

**Instructions:** The Five-Year Report of the Specialty Certification Board will be filed with the ASHA Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Committee on Clinical Specialty Certification (CCSC) via electronic submission on January 15th in the fifth anniversary year the Specialty Certification Board was established. The reporting period for the five-year report will be January 1st through December 31st of the preceding five-year period. This five-year report will be filed in lieu of the Annual Report for that year.

**Background information**

1. **Five-Year Reporting Period:** \_\_\_\_\_
2. Year Specialty Certification Program Established: \_\_\_\_\_
3. Purpose of Certification Program: \_\_\_\_\_
4. Other (e.g., sub-specialty such as adult vs. child): \_\_\_\_\_

**Five-Year Summary Data**

<b>Data Type</b>	<b>Yr 1</b>	<b>Yr 2</b>	<b>Yr 3</b>	<b>Yr 4</b>	<b>Yr 5 (current)</b>
Total # of specialty certification inquiries					
Total # of received applications					
Total # of applications completed and reviewed					
Total # of new certified specialists					
Total # of ALL certified specialists					
Total # of specialty certification revocations					

**Narrative:**

1. These data indicate ... (trends-- increase or decrease?) Explain:
2. Rationales for any trend, or lack of trend (e.g., more certified specialists have retired):
3. Implications of trends:

**Five-Year Specialty Certification Program Goals (for current reporting period)**

<b>Five Year Goals (list goals)</b>	<b>Not Met</b>	<b>Partially Met</b>	<b>Met</b>	<b>Exceeded</b>
1.				
2.				
3.				
4.				
5.				

## **Goal Outcomes**

Provide an explanation of outcomes: (include activities that were conducted to meet the goals; indicate which activities were successful, and which were not).

Implications of goal outcomes (e.g., for initial specialist certification, continuation of eligibility requirements)

Repeat with all other goals...

## **Five-Year Summary Financial Report**

Beginning Balance:

Income:

Expenses:

Ending Balance:

Narrative explanation:

Implications:

## **Five Year Summary of Board Certified Specialist Satisfaction Data**

Provide a summary of satisfaction survey data about specialty board certification for this specialty area from Board Certified Specialists, employers, referral sources, consumers, etc.

## **Professional Development Summary**

Types of activities provided to further professional development in the area of specialty:

Level of satisfaction with professional development activities (how was the data collected e.g. based upon survey):

## **Specialist Standards**

**Goals for Next Five Years: (indicate if the goals are new or a continuation).**

Five Year Goals (list goals)	New	Continued
1.		
2.		
3.		
4.		
5.		

**Anticipated Activities to Meet Goals (new or continued):**

Goal 1: activities listed, described in terms of reasonableness, resources required, etc.  
Continue....

**Terms of Officers (How many years served within the 5-year period)**

Chair \_\_\_\_\_  
 Vice Chair \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 Consumer Representative \_\_\_\_\_  
 Certification Coordinator \_\_\_\_\_

**Conclusions and Recommendations:**

Provide a general, summary statement about the viability of this specialty certification program based on the five-year data included in this report.

## APPENDIX D

### COUNCIL FOR CLINICAL SPECIALTY CERTIFICATION GLOSSARY OF TERMS RELATING TO SPECIALTY CERTIFICATION

**Accelerated Appeal.** A written request by an Appellant to the Chair of the Specialty Certification Board to grant an accelerated timeline for an appeal of the Specialty Certification Board's adverse Decision After Further Consideration. The request must be made at the time of noting the intent to appeal or at any time before the Appeal Hearing.

**Advocate.** A CCSC member designated as liaison between the Specialty Certification Board and the CCSC. This individual has responsibility to maintain contact with the Specialty Certification Board, represent the Specialty Certification Board in communications with the CCSC, interpret CCSC communications to the Specialty Certification Board, attend one Specialty Certification Board meeting per year, review the Specialty Certification Board's annual report and provide feedback to the Specialty Certification Board regarding the annual report prior to its submission to the CCSC.

**Anniversary Date.** The date the certified letter was mailed to the Petitioning Group with approval of its application as a specialty area, and approval to proceed with establishment of the Specialty Certification Board. The fiscal year of the Specialty Certification Board commences on the anniversary date.

**Appeals Hearing.** Appeal of a Specialty Certification Board's adverse Decision After Further Consideration. Individuals whose specialist certification has been denied or revoked by one of the Specialty Certification Boards may appeal that decision to the CFCC Committee on Clinical Specialty Certification (CCSC).

**Appeals Panel.** Appointed by the ASHA's Committee on Committees and composed of at least three individuals who are not members of the CCSC or of a Specialty Certification Board (although members may hold recognition in one or more specialty areas) to hear petitioning groups who appeal a decision of the CCSC.

**Appellant.** An individual who requests further consideration or appeal of a decision of a Specialty Certification Board when specialist certification has been denied or revoked by the Specialty Certification Board.

**Appellate Body.** A body appointed by the Specialty Certification Board to hear appeals of the Specialty Certification Board's decisions.

**Area Specialty Certification.** Refer to definition for Approval as a Specialty Area.

**Area Standards.** Refer to definition for Standards for Approval as a Specialty Area.

**Council for Clinical Certification (CFCC) Committee on Clinical Specialty Certification (CCSC).** Committee of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) charged by ASHA to administer a high quality and efficient Specialty Certification Program for specialized areas of clinical practice in audiology and speech-language pathology. Approves Specialty Certification Boards upon ruling that a Petitioning Group's application has met the Specialty Certification Standards. Monitors each Specialty Certification Board to ensure that it administers its specific Specialist Standards efficiently and fairly and imposes equitable documentation requirements on all applicants.

**Decision After Further Consideration Hearing.** Decision rendered by the Specialty Certification Board following a Further Consideration Hearing in which the Specialty Certification Board reviews its adverse Initial Decision. The Decision After Further Consideration Hearing is sent in writing to the Appellant describing the basis for the Specialty Certification Board's decision, specifically addressing the Specialist Standards that the Appellant met or failed to meet.

**Direct Clinical Contact.** Defined as (a) providing services in identification, prevention, assessment and intervention (b) serving in a treatment-related supervisory capacity, and/or (c) serving as a consultant in case-based programs or situations. The Specialty Board may further define the demonstrable clinical experience in a specialty area.

**Financial Viability.** Maintenance of adequate financial resources (documented in the annual report) by the Specialty Certification Boards for administering the Specialty Certification Board, including: the application and award processes, maintenance of the Specialty Certification Board, and Specialty Certification Board meetings.

**Further Consideration Hearing.** First level of appeal for individuals whose specialist certification has been denied or revoked by a Specialty Certification Board. Referred to as a request for Further Consideration Hearing by the Specialty Certification Board.

**Guidelines for Specialty Certification Board.** Document written and revised as necessary by the CCSC to provide the framework within which Specialty

Certification Boards function, and to provide guidance in the operation of a Specialty Certification Board.

**Inaugural Specialty Certification Board.** The first Specialty Certification Board in a particular specialty area which is recognized by the CCSC upon successful completion of the process of application for approval as a specialty area.

**Independent Verification.** The CCSC is obligated, in order to make an informed decision, to seek independent verification that the area is unique, does not critically overlap the scope of another area of specialization, that the area is readily distinguishable by consumers and practitioners, and that the Petitioning Group is composed of specialists practicing in the area. Such verification may be initiated by the CCSC at any time throughout the application process. The CCSC will make any such written comments, obtained from independent verification, available to the Petitioning Group, up to ten (10) calendar days before the meeting at which the application is to be considered by the CCSC. Responses from the Petitioning Group will be accepted until the call to order of the CCSC meeting.

**Indirect Clinical Contact.** Activities related to the specialty areas that are not defined in direct clinical contact. Additional indirect contact in the area of specialization may include program development, presentation, publications, and teaching. The Specialty Board may further define indirect clinical experience in a specialty area.

**Initial Decision.** The document which contains a Specialty Certification Board's notice of an adverse action (e.g., denial or revocation of specialist certification) to an individual holding specialist certification. The Initial Decision describes the basis for the adverse action, specifically addressing the Specialist Standard(s) that were not met.

**Notice of Adverse Action.** Denial or revocation of specialist certification by a Specialty Certification Board.

**Operational Policies and Procedures Handbook of the CCSC.** Document which outlines the operational procedures of the CCSC.

**Organizational Viability.** Maintenance of Specialty Certification Board as an independent organizational entity with appropriate liability protection(s).

**Petitioning Group.** A group of practitioners in a particular specialty who decide to seek approval to establish a specialty area.

**Primary Facilitator.** A member of the CCSC assigned by the CCSC chair to assist the Petitioning Group throughout both stages of the application process.

**Probation.** A period of restrictive status, not to exceed 12 months, placed upon a Specialty Certification Board by the CCSC upon failure of the Specialty Certification Board to comply with one or more of the CCSC requirements. Successful completion of conditions of probation results in restoration of non-restrictive status. Failure to meet probationary requirements results in revocation of ASHA's affiliation with the Specialty Certification Board.

**Probation Consultant.** Liaison between a Specialty Certification Board and the CCSC when a Specialty Certification Board has been placed on probation by the CCSC; assists the Specialty Certification Board in resolving cited deficiencies; a member of the CCSC and appointed by the chair of the CCSC.

**Specialist Certification.** Conferred by a Specialty Certification Board to individual practitioners in the particular specialty area when the Standards for Certification as a Specialist are met. Requires evidence of knowledge, skills, and experience in a specialized clinical area beyond that provided by an entry-level educational program.

**Specialty Area.** An area of specialization encompasses a particular clinical aspect within the scope of practice of Speech-Language Pathology and/or Audiology; achieves a definable outcome related to the uniqueness of an identifiable consumer need; requires advanced knowledge, skills, and experience beyond the entry level; and is not specific to a particular methodology or technology (i.e., can be technology-dependent, but is not tied to a particular piece of technological equipment or technique/approach). Areas of specialization should be readily distinguishable by consumers and practitioners. The definition of a Specialty Area should be written in consumer friendly language.

**Specialty Area.** Approval-CCSC approval of a specialty area when a Petitioning Group meets the Standards for Approval as a Specialty Area. Upon approval as a specialty area, a Petitioning Group can establish a Specialty Certification Board.

**Specialist.** Individual practitioners who apply for certification as a specialist and meet the knowledge, skills, and experience criteria of the Standards for Certification as a Specialist. The title of specialist is conferred by a Specialty Certification Board.

**Specialist Certification.** Refer to definition for Certification as a Specialist.

**Specialist Standards.** Refer to definition for Standards for Certification as a Specialist.

**Specialty Certification Board.** Governing body in a particular specialty area recognized by the CCSC as the Specialty Certification Board, and which demonstrates compliance with the Standards for Approval as a Specialty Area. Charged by the CCSC to administer a high quality and efficient program of certification for specialists in (an) area(s) of clinical practice in audiology and/or speech-language pathology.

**Specialty Certification Program.** A voluntary program of specialty certification (i.e., approval as a specialty area, and certification as a specialist) for clinical practitioners in audiology and speech-language pathology. Based on the concept of non-exclusionary specialty certification and assumes that a majority of practitioners will continue to provide broad-based clinical services. Dependent on compliance with the Specialty Certification Standards.

**Specialty Certification Standards.** Standards adopted and implemented by the CCSC for compliance with the Specialty Certification Program. Includes both Standards for Approval as a Specialty Area and Standards for Certification as a Specialist. Compliance required by Specialty Certification Boards in order to be approved initially and annually by the CCSC; and in order for the Specialty Certification Board to confer certification as a specialist.

**Standards for Certification as a Specialist (Specialist Standards).** Standards adopted and implemented by Specialty Certification Boards in the particular specialty areas which meet the following requirements of Specialty Certification Standards: ASHA Certification, post-certification experience, education, assessment of knowledge, and maintenance and renewal. Compliance is necessary in order for the Specialty Certification Board to confer certification as a specialist to practitioners.

**Standards for Approval as a Specialty Area (Area Standards).** Standards adopted and implemented by the CCSC to approve specialty areas of practice. The Standards for Approval as a Specialty Area represent the sole criteria to be applied by the CCSC in determining whether an applicant Petitioning Group will be successful in establishing a Specialty Certification Board.

## **APPENDIX E**

### **SPECIALTY CERTIFICATION PROGRAM FORMS**

All necessary forms for application, maintenance, and renewal of BCS-SCF can be found on the ABSCF website, at [www.stutteringspecialists.org](http://www.stutteringspecialists.org).

#### **BCS-SCF Application Forms**

- ✓ BCS-SCF Application Form
- ✓ BCS-SCF Continuing Education Form
- ✓ BCS-SCF Application Verification of Direct Clinical Activity Form
- ✓ BCS-SCF Application Letter of Recommendation Form

#### **BCS-SCF Stuttering, Cluttering, and Fluency Disorders Portfolio Submission Forms**

- ✓ BCS-SCF Authorization for Release of Information Form
- ✓ BCS-SCF Portfolio Guide and Template Forms
- ✓ BCS-SCF Extension Request for Portfolio Submission

#### **BCS-SCF Maintenance Forms**

- ✓ BCS-SCF Annual Membership form
- ✓ BCS-SCF Five Year Renewal Form
- ✓ BCS-SCF Five Year Renewal Verification of Continuing Education Form
- ✓ BCS-SCF Five Year Renewal Clinical Activity Form
- ✓ BCS-SCF Extension Request for 5 year Renewal Form
- ✓ BSC-SCF Lifetime Renewal Continuing Education Form
- ✓ BSC-SCF Life-Time Renewal Form

## **APPENDIX F**

### **STUTTERING, CLUTTERING, AND FLUENCY DISORDERS PORTFOLIO GUIDELINES**

#### **Guidelines for the Stuttering, Cluttering, and Fluency Disorders Portfolio Submission Process**

##### ***Introduction***

As an active candidate for BCS-SCF, the candidate will be submitting a Portfolio to the American Board of Stuttering, Cluttering, and Fluency Disorders. The Portfolio provides the ABSCF with information regarding the candidate's knowledge and understanding of stuttering and cluttering, and the candidate's ability to demonstrate specialist-level skills through the candidate's case presentations.

This Stuttering, Cluttering, and Fluency Disorders Portfolio Guide will assist the candidate in preparing the necessary documents for the candidate's portfolio. When the candidate is ready to submit the completed Stuttering, Cluttering, and Fluency Disorders Portfolio, contact the ABSCF at [info@stutteringspecialists.org](mailto:info@stutteringspecialists.org) to obtain information regarding submission of the candidate's portfolio. If candidates have any questions regarding the portfolio, please contact the ABSCF and the ABSCF will be happy to assist.

***Note:*** *If any portion of the Stuttering, Cluttering, and Fluency Disorders Portfolio is incomplete, missing, or lacking HIPPA compliance, it will be returned to the candidate for resubmission, which may result in a delay of the board review.*

# ***The Stuttering, Cluttering, and Fluency Disorders Portfolio***

Each component of the Stuttering, Cluttering, and Fluency Disorders Portfolio references the Major Domains and Competencies required for BCS-SCF. At the end of this guide, the Stuttering, Cluttering, and Fluency Disorders Portfolio Review evaluation indicators utilized by the ABSCF is provided for the candidate's reference. For more information regarding the Major Domains and Competencies, please see the Standards and Procedures Manual on our website, *stutteringspecialists.org*.

## ***Components of the Stuttering, Cluttering, and Fluency Disorders Portfolio***

The submitted Stuttering, Cluttering, and Fluency Disorders Portfolio includes *two major components*: the (a) **Statement of Philosophy** and three (b) **Case Presentations**.

### **Component 1: Statement of Philosophy**

Each candidate will provide his or her statement of philosophy regarding assessment and treatment of individuals who stutter, clutter, or those with other fluency disorders. This statement provides the ABSCF with the candidate's personal theoretical perspectives and philosophy regarding the evaluation and treatment of fluency disorders, the candidate's training, personal study, interaction with professionals and/or mentors in the field, and clinical experience.

The statement of philosophy will also provide evidence of the candidate directly learning from people who stutter. The candidate will reflect upon how learning more about the lived experiences of people who stutter has shaped their evaluation and treatment philosophy. The candidate will also reference how this knowledge was gained. Examples of this may include participating or volunteering in support groups for people who stutter, conversational groups with people who stutter, or seeking out videos, podcasts, and books on the lives of people who stutter.

The Statement of Philosophy may be a *maximum* of three pages, 12pt font, single-spaced. Proper citation of a minimum of 5 references is required.

## Component 2: Case Presentations

The second component of the candidate's Stuttering, Cluttering, and Fluency Disorders Portfolio contains **three** case presentations, *one each* from within the following age ranges:

- Preschool (ages 2-6)
- School Age (ages 7-15)
- Adolescent-Adult (16-Adult)

Each Case Presentation contains **three parts** and is presented in the following manner:

### Part 1. Authorization for Release of Information

An Authorization for Release of Information form must be provided for *each* case study presented in the portfolio. In addition, all information provided in the case documentation and video recordings must be in a format that meets with HIPPA Compliance Standards.

### Part 2. Case Presentation

Each case is presented to the ABSCF by utilizing the **Case Presentation Form**. This form allows the candidate to present each case including all necessary information pertaining to the Domains and Competencies for BCS-SCF. All cases *must be presented utilizing this form*.

### Part 3. Video Clips

Provide **two video-recordings** of **5-7 minutes in length** for each of the candidate's cases at some point during the therapy process. The total number of recordings will be six across the three case presentations. That number will be higher if the candidate is in the academic setting and is submitting clips of a student working with a client and then the discussion with the student and candidate about the therapy. The purpose of the clips is for the reviewers of the portfolio to observe the candidate's ability to engage in the *therapeutic process*, responding to the needs of the client at a particular moment in time. Thus, both the clinician and the client must be in the video frame.

## **CASE SELECTION GUIDELINES**

The following guidelines apply to each case selected for the Stuttering, Cluttering, and Fluency Disorders Portfolio:

Each case must be either evaluated or re-evaluated by the candidate. If the case received an initial evaluation from another individual, a summary of the findings of the initial evaluation must be included in the Case Presentation as well as a summary of the re-evaluation the candidate performed.

Length of time in treatment: While there is no requirement regarding length of treatment time, it is suggested the candidate select cases where the time in treatment was sufficient for the candidate to demonstrate the progression of treatment from the time of evaluation, providing *clear evidence of the candidate's ability to provide relevant treatment and modify treatment over time*. A total of three summaries of client progress is required to be included for each case.



American Board of Stuttering, Cluttering & Fluency Disorders

## **Portfolio Submission: Authorization for Release of Information**

Date: \_\_\_\_\_

I, (name of client or guardian for client) \_\_\_\_\_ authorize (speech-language pathologist) \_\_\_\_\_ to release evaluation and treatment information/reports and two 5-7 minute video clips to the American Board of Stuttering, Cluttering, and Fluency Disorders. The purpose for this request is to provide a sample of clinical work as part of a submitted Portfolio for the process of obtaining Board Certification in Stuttering, Cluttering, and Fluency Disorders. I understand that my (or my child's name) will not appear on these reports; only initials are used in order to maintain confidentiality.

---

**Date**

**Signature of parent/guardian & relationship  
to client**



American Board of Stuttering, Cluttering & Fluency Disorders

**Portfolio Submission:  
Statement of Philosophy**

<b>Name of Candidate:</b>	<b>Date:</b>
---------------------------	--------------

# **Stuttering, Cluttering, and Fluency Disorders Portfolio Reviewer Evaluation Indicators**

## **Stuttering, Cluttering, and Fluency Disorders Portfolio Evaluation Components**

The following areas are those that will be rated by each of the three reviewers of the candidate's portfolio. The number/letters in parentheses indicate which domains and competencies are being rated:

### **Rating of Philosophy Essay:**

- Statement of philosophy shows depth of knowledge of stuttering and cluttering. (1a, 1b, 1c)
- Points supported with evidence from the literature. (1a, 1b, 1c)
  - At least 5 citations from current research
- Essay includes reflections and illustrations of how the individual has learned about the lived experiences of people who stutter through activities such as participating or volunteering in support groups for people who stutter, reviewing videos/podcasts/and books on the lives of people who stutter, or having/forming conversational groups with people who stutter.
- Demonstrates effective written communication skills. (1c)

### **CASE STUDIES**

#### Evaluations:

- Provides rationale regarding the need for an evaluation or re-evaluation, based on screening or initial intake information. (4b, 4c, 4d)
- Conducts a multidimensional differential assessment, including all aspects of communication and cognitive/affective areas, providing clear rationale for assessment measures used. (4d, 4e)
- Interprets informal and formal measures to determine the overall life impact of the problem and the client's strengths, coping strategies, resources and supports. (4f)
- Bases diagnosis on assessment results. (4g)
- Develops a differential treatment plan based on the assessment results. (4g, 4h)
- Develops a differential treatment plan based on client and/or stakeholder needs and preferences. (2d, 4j)

#### Treatment Procedures:

- Provides clear rationale for treatment objectives supported by evidence-based practice. (1a, 1b, 1c, 4g, 4h)
- Conducts treatment consistent with stated objectives and methods. (2d, 4f, 4g, 4h, 4j)
- Demonstrates mastery of clinical methods utilized with client. (1a, 1b, 1c, 3e, 4j)
- Modifies treatment based on data across sessions. (1c, 4j)

- Modifies treatment based on client and/or other stakeholders interests or needs. (4i, 4j)
- Rationale for treatment modifications are evidence-based. (1a, 1c)
- Integrates effective counseling and/or problem-solving skills throughout the provision of service. (3a, 4a)
- Implements and modifies appropriate follow-up and maintenance planning, if appropriate to case. (4k)
- Demonstrates ability to interact professionally and appropriately with the client and significant others during assessment and treatment. (3a, 4a, 4d, 4j)
- Demonstrates effective written communication skills. (1c, 2a, 2e, 4i)
- Philosophy is reflected throughout evaluation and treatment plan

## **APPENDIX G**

### **DEVELOPMENT OF THE *Original Fluency Specialist* RECOGNITION PROGRAM: A PERSPECTIVE FROM THE FOUNDING COMMISSION**

#### **A. Fluency Disorders Defined**

The term “fluency disorders” is popularly used as an umbrella term to refer to speech rate, rhythm, and prosodic abnormalities of any origin. Fluency disorders are observed in the speech of individuals having experienced cerebral vascular accidents, those experiencing Tourette’s Syndrome, and individuals experiencing such conditions as dysarthria, dyspraxia, cluttering, spasmodic dysphonia, palilalia, and, of course, the most commonly thought-of disorder when fluency disorders are mentioned, stuttering. The term “stuttering” is frequently used by professionals concerned with assessing and treating those who stutter as a diagnostic label referring to a clinical syndrome characterized most frequently by abnormal and persistent dysfluencies in speech accompanied by characteristic affective, behavioral, and cognitive patterns.

As many as 1 out of every 20 children (5%) experience periods of dysfluency of sufficient duration and severity to cause observers to use the term stuttering in describing the behavior (Cooper & Cooper, 1996; Manning, 1996). The incidence of fluency disorders (the frequency with which the problem “ever” occurs in a population) is generally conceded to be about 5% and the prevalence (the frequency with which the problem “continues” in a population) is generally conceded to be around 1 percent (Ham, 1990). On the basis of the prevalence rate, it is estimated that as many as 3.0 million Americans experience a chronic fluency disorder. The effects of the fluency disorders on both children and adults are profound and impact on all aspects of human communication and interaction (Bloodstein, 1995; Manning, 1996). With the relatively high incidence rate of fluency disorders in children and the prevalence of chronic stuttering in a significant number of adolescents and adults, it is understandable that communication disorders specialists have identified stuttering as one of the major categories of communication disorder types.

Fluency is acknowledged as an area for study and for clinical intervention in the American Speech-Language-Hearing Association’s (ASHA) standards programs. The Council for Clinical Competence (CFCC) defines speech disorders as including “disorders of articulation, voice, and fluency” (*Clinical Certification Board Implementation Procedures for the Standards for the Certificates of Clinical Competence*). Standards established by ASHA for the accreditation of academic programs in the discipline and standards established for Certificates of Clinical Competence require educational programs to provide academic coursework and clinical experiences in fluency and fluency disorders. A distinct and definable

body of knowledge exists pertaining to fluency disorders, as evidenced by the vast number of publications devoted specifically to fluency and fluency disorders, by the proliferation in recent years of texts focusing on fluency and fluency disorders, and by the publication of basic and applied research in the area. Basic and applied research pertaining to fluency disorders is included in journals such as: *Journal of Speech and Hearing Research*, *American Journal of Speech-Language Pathology*; *Language, Speech, Hearing Services in Schools*; *Journal of Fluency Disorders*; *Journal of Acoustical Society of America*; and the *Journal of Communication Disorders*.

Fluency disorders are acknowledged as being one of the definable areas of practice in the ASHA's official statement pertaining to the scope of practice for speech-language pathologists. In addition, the uniqueness of the area of practice pertaining to fluency disorders is further acknowledged by the ASHA's Legislative Council (LC) having adopted, as an official Association statement, the "Guidelines for Practice in Stuttering Treatment" (ASHA, 1994). These guidelines were developed by the Association's Special Interest Division 4, Fluency and Fluency Disorders. Federal legislation, state department of education guidelines, and state licensure laws pertaining to the provision of services to those with speech, language, and hearing impairments include references to those with fluency disorders and the qualifications of professionals who provide services to them.

Data obtained by the ASHA indicate that the majority of practicing speech-language pathologists provide services to individuals with a fluency disorder. Finally, several consumer, self-help, and support groups for those who stutter operate in the United States of America. Among them are The Stuttering Foundation of American, The National Stuttering Association, The Speak Easy International Foundation, and Friends.

ASHA's Fluency and Fluency Disorders Special Interest Division 4, now Special Interest Group 4, is the only national professional organization devoted to the area of fluency and fluency disorders. The division has grown steadily since its inception in 1991 with the number of affiliates reaching over 800 by 2003. In the early years of the Special Interest Division program, the Fluency and Fluency Disorders Division consistently maintained the highest percentage of affiliate annual renewal. The division's affiliates appear representative of speech-language pathologists with particular interests in fluency and fluency disorders. Approximately one-third of the affiliates are located in healthcare environments, one third in the nation's schools, and one-third in colleges and universities.

## **B. Need to Educate BCS-SCFs**

The need to educate BCS-SCFs has been recognized by both the consumer and professional communities for many years. Reports of research into the attitudes of clinicians towards the treatment of those who stutter, for more than a quarter of a century, consistently led professionals to call for the education of BCS-SCFs (examples of such studies include the following: Yairi & Williams, 1970; Woods & Williams, 1971; Cooper, 1975; Woods & Williams, 1976; Turnbaugh, Guitar, & Hoffman, 1979; St. Louis and Lass, 1981; Cooper & Cooper, 1982, 1985; Cooper & Rustin, 1985; Lass, Ruscello, Pannbacker, Schmitt, & Everly-Myers, 1989; Ragsdale, J. & Ashby, 1982; St. Louis & Durrenberger, 1993; Sommers & Caruso, 1995; Cooper & Cooper, 1996).

Typical of the interpretations of results in the above noted studies is that of Cooper and Cooper (1985) who, after studying the attitudes of 674 speech-language pathologists, observed:

In view of the fact that 77% of the clinicians studied believed most clinicians to be inept in treating stutterers, the results of this study could be interpreted as being powerful evidence for the need to educate specialists to deal with fluency problems. The call for BCS-SCFs is strengthened further by the results indicating 92% of the clinicians studied agreed that clinicians working with stutterers need to be skilled in counseling techniques. Unfortunately, according to a recent Professional Self-Study Project (ASHA, 1982), counseling is one of the areas of education most noticeably lacking in the discipline's professional education programs throughout the nation (1985, p. 32).

The Stuttering Foundation of America, established over 55 years ago by an individual who stuttered, for over 20 years supported professional efforts at educating specialists. Such efforts have been most notably achieved by the Foundation's continuing sponsorship of an annual summer institute at Northwestern University expressly identified as an education program for "BCS-SCFs". In addition, leaders of the National Stuttering Project, Speak Easy International, and the National Council on Stuttering (the leading national consumer and self-help groups for those who stutter) expressed support for the division's efforts in establishing a BCS-SCF recognition program through their participation in the division's Leadership Conferences focusing on the issue as well as through their letters of support.

## **C. The Move Toward BCS-SCF**

As noted above, discussions regarding the need to develop some form of recognition for speech-language pathologists specializing in serving individuals with fluency disorders have appeared frequently in the professional literature for the past quarter of a century. However, it was not until the late 1980s, when leaders within the Association were successful in developing legislation establishing special interest divisions within the Association's structure, that the

dream of developing specialty recognition programs became viable. With the establishment in 1991 of Special Interest Division 4, Fluency and Fluency Disorders, professionals with particular interests in fluency were provided, for the first time, a national organization that facilitated continuing consensus-building discussions addressing complex issues pertaining to fluency and fluency disorders.

Immediately following the 1991 establishment of Special Interest Divisions, leaders of the Division on Fluency and Fluency Disorders began lobbying ASHA to establish a voluntary program for specialty recognition. Even before the Association's leadership responded to such lobbying, the division sponsored the First Annual Leadership Conference that was focused on developing guiding principles for a fluency recognition program. Early in 1994 it became apparent that a resolution calling for the establishment of specialty recognition program was to be voted upon at the November 1994 meeting of the Association's Legislative Council (LC). Through the cooperative efforts of the Fluency Division affiliates and the self-help and support groups for those who stutter, Legislative Councilors were made aware of the very real need for the recognition of BCS-SCFs.

In November 1994, the Association's LC passed legislation authorizing the implementation of specialty recognition programs. A Clinical Specialty Board (CSB) was quickly begun in 1995 and within a year had established policies and procedures for establishing specialty commissions. In recent years the rapid expansion of the speech-language pathology scope of practice and the development of support and self-help groups for those experiencing fluency disorders have increased significantly the profession's and the consumer's awareness of the need for BRS-F/BCS-FD/BCS-SCFs. On the basis of surveys of the division affiliates, it quickly became evident that the affiliates wished to pursue the establishment of guidelines for clinical practice in fluency and the establishment of a fluency specialty recognition program. In its first 3 years of existence, the division's Steering Committee was able to develop fluency practitioner guidelines that received the approval of the division's affiliates and subsequently were approved by the LC and are now official Association guidelines. The Steering Committee began addressing the specialist issue by initiating annual leadership conferences.

Seventy-five division affiliates, representatives of support and self-help groups, invitees representing the International Fluency Association, and other Association personnel with special interest in fluency and fluency disorders, meeting in Hilton Head, SC in April 1994, developed guiding principles for a specialty recognition program. These guiding principles, approved by conference participants, were incorporated by the division's Steering Committee into a document describing a

BCS-SCF recognition program and circulated for the review and approval of the conference participants.

Following the revision of that document in keeping with the conference participants' suggestions, the document was mailed to all of the division's affiliates and once again to non-affiliate conference participants for their review and approval. Twenty-one affiliates, all of whom approved of the document, made editorial suggestions prior to the public forum on the issue scheduled in conjunction with the 1994 ASHA Convention. One hundred twenty-five affiliates and non-affiliates, in a 3-hour meeting in November 1994 at the ASHA Annual Convention, reviewed the developing document and voiced overwhelming support for the specialty recognition program being described. Participants at that meeting expressed the desire to continue the development of the document at the division's Second Annual Leadership Conference to be held in 1995.

Seventy-five individuals attended the division's Second Annual Leadership Conference held in Colorado Springs, CO in April 1995, and once again the focus of the conference was on addressing principles concerning the development and implementation of a fluency specialty recognition program. Having addressed the general principles of a specialty recognition program in 1994, the 1995 conferees focused on specific issues, such as defining mentoring relationships, procedures for identifying and maintaining a cadre of mentors, and the economic parameters for establishing and maintaining a fluency specialty recognition program. In a series of votes, conferees approved a set of guiding principles to be followed in addressing these issues.

By the conclusion of the Second Annual Leadership Conference, the Steering Committee members concluded that they had received sufficient guidance from the division's affiliates to enable them to complete the design of a specialty recognition program. The Steering Committee drafted a document entitled "A Petition to the Clinical Specialty Board for the Establishment of a Commission on Fluency Disorders." In June 1995, that document was mailed to the Second Annual Leadership Conference participants for their review and approval. In late August and early September 1995, the Steering Committee, after reviewing the conference participants' suggestions, completed yet another revision of the "petition." In September 1995 the revised petition was mailed to all affiliates for their review and approval.

Forty affiliates returned a completed "Response Form" in reaction to the September 15, 1995 draft of "A Petition to the Clinical Specialty Board for the Establishment of a Commission on Fluency Disorders." Nineteen (48%) of the respondents indicated agreement with the document without comment. Seventeen (42%) of the respondents agreed with the basic content of the document, but indicated they did have comments to make and did so. Four (10%) of the respondents indicated disagreement with the basic content of the

document and added comments to explain their position. Thus, 36 (90%) of the respondents agreed with the basic content of the petition while 4 (10%) did not.

One hundred twenty affiliates, meeting at the December 1995 ASHA Convention, were provided with a summary of affiliate responses to the proposed fluency recognition program and were asked to make additional comments. As with the written comments noted above, the single most divisive issue was the inclusion in the petition of a category for "Honorary Mentors." It was the consensus of the members attending that discussion that the category of Honorary Mentors should be removed from the petition. Although no formal vote was taken at the meeting, it was the judgment of all Steering Committee members present that the September 15, 1995 draft of a petition to establish a fluency specialty recognition program, with the exception just noted, was overwhelmingly approved by the affiliates in attendance.

Confident that the vast majority of the division's affiliates, the nation's only organized national body of fluency practitioners supported the proposed fluency specialty recognition program, the Fluency Steering Committee petitioned the CSB to approve the establishment of a Specialty Commission on Fluency Disorders. In March 1997 Division 4 was informed that ASHA's CSB had approved the establishment of a Specialty Commission on Fluency Disorders. Subsequently, in November 2000, CSB voted to designate Specialty Commissions as Boards (e.g., Specialty Board on Fluency Disorders) and itself as the Council for Clinical Specialty Recognition (CCSR).

During 2022, the board began discussions around a name change for the board and underwent a process of over a year that included round table discussions, surveys, and conversations with specialists to determine if the membership would like to change the name of the board and what name had the greatest consensus. The name that had the greatest consensus was The American Board of Stuttering, Cluttering, and Fluency Disorders. In October 2023 the CCSC and CFCC approved the Board's request for a name change and The American Board of Fluency and Fluency Disorders officially became known as The American Board of Stuttering, Cluttering, and Fluency Disorders. Board Certified Specialists in Fluency (BCS-F) became Board Certified Specialists in Stuttering, Cluttering and Fluency Disorders (BCS-SCF).

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