

Table of Contents

	Page
Introduction	i
A. Governance	A-1
Association Governance Structure.....	A-2
Legal Responsibilities of Members of the Boards of Non-profit Associations	A-3
Role of the Board of Directors	A-5
Role of the Advisory Councils	A-6
Role of the National Office	A-6
Role of Standing Committees, Boards and Councils	A-7
Ad Hoc Committees, Working Groups and Task Forces.....	A-7
Special Interest Divisions	A-9
Volunteers.....	A-10
Interrelationships Among the ASHA Board of Directors, the Council For Clinical Certification, and the Council on Academic Accreditation.....	A-11
Procedural Guidelines for Official Liaison Representatives of ASHA.....	A-12
Public Members and Consultants	A-14
Current Authorization for Public Members and Others Outside the Professions	A-16
National Student Speech Language Hearing Association Representation on ASHA Committees.....	A-17
B. Committee and Board Operations	B-1
Role and Responsibilities of the Monitoring Vice President.....	B-1
Role and Responsibilities of the Committee Chair.....	B-1
Desirable Characteristics	B-2
Role and Responsibilities of the Committee Member	B-2
Role and Responsibilities of National Office Ex Officio Members of Committees and Boards	B-2
Transition from Outgoing to Incoming Chairs.....	B-3
Guidelines for Committee Meetings	B-4
Face-to-Face Meetings	B-4
Conference Call Meeting Procedures	B-4
Attendance of Non-Committee Members at Committee Meetings	B-5
The Resolutions Process	B-6
Preparation of Resolutions	B-6
Procedures for Submitting and Processing of Resolutions	B-8
C. Finance	C-1
Budgeting for Committee/Board/Council Expenses Through the Officer-Committee-Board (OCB) Budget.....	C-2
ASHA Guidelines for Approval of Face-to Face Meetings	C-3
Managing the Budget for Committee/Board/Council Expenses	C-4
Sample of Budget Estimate Form	C-7
Sample Travel Request Authorization Form	C-8

D. Products of Committees and Boards D-1

Operational Guidelines for the Publication and Distribution
of Association Policy Documents D-1

Operational Guidelines for Development of Practice Documents
in Audiology and Speech-Language Pathology D-2

Documents/Products of Committees, Boards, Working Groups, Councils,
and Task Forces D-9

Evaluating Assessment or Treatment Programs, Products or Procedures..... D-10

A Guide for Infusion of Appropriate Multicultural Practice Information
into Audiology Practice Documents D-11

A Guide for Infusion of Appropriate Multicultural Practice Information
into Speech-Language Pathology Practice Documents..... D-15

Appendices

- **Appendix A – Resolution Form and Instructions**
 - Instructions for Completing the Resolution Form
 - Resolution Form
 - Guide to Completion of “Part III” of ASHA Resolution Form
 - Completion of Financial Data Section on “Part II, Section C”
- **Appendix B – Style Sheet for Resolutions**
- **Appendix C – Association Travel Policies**
- **Appendix D – Reference Lists/APA Style**
- **Appendix E – Travel and Expense Vouchers**
- **Appendix F – Evaluating Assessment or Treatment Programs, Products or Procedures**

A. Governance

This section of the handbook defines the roles of the Board of Directors (BOD), the National Office staff, and other entities as they relate to committee activities.

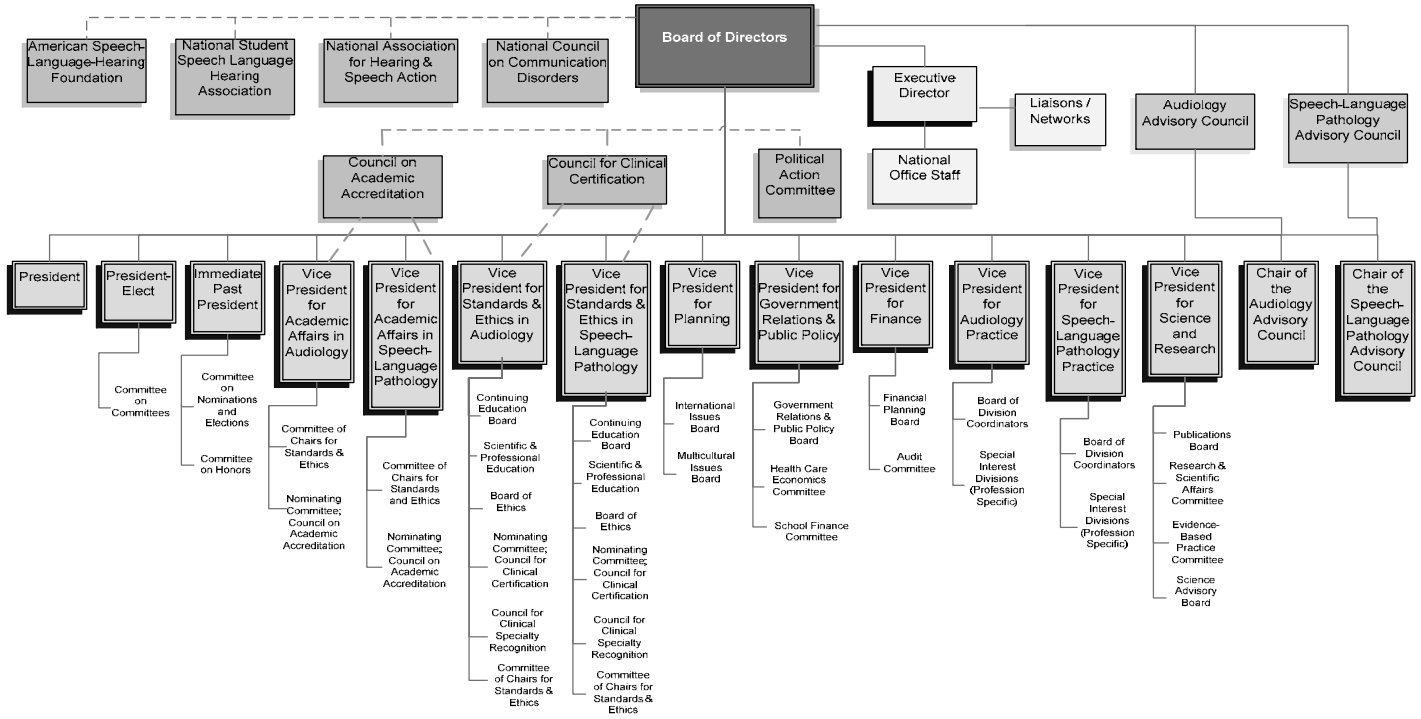
The BOD is the governing body of the American Speech-Language-Hearing Association (ASHA) and shall operate in accordance with and administering and implementing the programs and policies established by the Bylaws and by the BOD.

The Bylaws of the Association give policy-making authority to the BOD. Any actions or decisions proposed by committees that have the potential for establishing or modifying Association policy must be reviewed and acted upon by the BOD, except for standards for the certification of individuals and standards for the accreditation of graduate education programs (see page A-11 for additional information).

All committees must be well informed about the nature, rationale, and previous interpretations of Association policies, particularly those that relate to the areas in which they function. Thus, you are urged to study carefully the charge for your group. In addition, the BOD member who serves as Monitoring Officer or the National Office staff member who serves as the Ex Officio member can be helpful in providing other information about policies and interpretations.

The following pages provide an overview of the Association's governance structure and define the roles of the BOD, the Audiology and Speech-Language Pathology Advisory Councils, the National Office, and the committees themselves.

ASHA Governance Structure



Legal Responsibilities of Members of Boards of Nonprofit Associations

Overview

Board members must know the purpose and/or mission of the association, the articles of incorporation, the bylaws, and the persons or interests the association serves. Board members are responsible for defining, modifying, or clarifying the purpose or mission of the association, after any necessary consultation with the association's members. Board members must manage the association in a manner consistent with such purpose or mission, including establishing and overseeing the implementation of the association's major policies and procedures, ensuring that the senior management is managing in a consistent manner with such purpose and/or mission, and holding senior management accountable for compliance with U.S. laws and corporate articles of incorporation and bylaws. Board members are responsible for overseeing the management of the association's finances, including review and approval of budgets, financial projections, financial controls, compensation for senior management of the association, and reports on audits of the association's finances and other activities.

Board members owe their association the fiduciary duties of **care, loyalty, and fidelity to purpose**.

- **Duty of care.** The duty of care focuses on the level of diligence exercised by the board member in carrying out his or her responsibilities. A board member shall discharge his or her duties in good faith, with the care an ordinary, prudent person would exercise under similar circumstances, and in a manner he or she reasonably believes to be in the best interest of the association.
- **Duty of loyalty.** The duty of loyalty is the board member's obligation to act in the association's best interests and not to use his or her authority to advance personal interests or the interests of related third parties. These self-interests need not be financial but may be such interests as enhancing prestige and professional reputation of oneself or one's employer.
- **Duty of fidelity to purpose.** The board of a nonprofit association must follow the association's purposes and goals as stipulated in the association's articles, bylaws, purpose, and mission statements. A board member's duty of fidelity to purpose, which is often also called the *duty of obedience*, is particularly important in the context of nonprofit associations because it involves the board member's fidelity to the purposes of the association.

In carrying out each of the duties, board members will be entitled to the benefit of the doubt. They will be protected from being "second guessed" and from being held personally liable for bad decisions, provided that they properly reach the decision. The source of this protection is the *Business Judgment Rule*. Despite its name, the Rule applies to the "business" of decision making by boards of nonprofit associations.

The Business Judgment Rule is related to all three fiduciary duties. It is based on the presumption that in making a decision affecting the association, the members of the board have acted on an informed basis, in good faith, and in the honest belief that the action taken was in the best interests of the association. If all three aspects of this presumption are correct, any "business" decision made by the board members is accorded a high degree of respect. The Business Judgment Rule does not apply in cases of criminal activity, fraud, or willful misconduct.

How to Satisfy These Duties

Duty of care

- Promote open debate and record dissent
- Create a record of the decision-making process
- Use committees
- Retain competent help
- Rely on management

Committee and Board Handbook

Duty of loyalty

- Be aware of potential conflicts between one's personal interests and those of the association
- Articulate and disclose any possible conflict of interest
- Consider not participating in discussion and/or vote if conflict of interest could influence one's judgment
- Seek legal counsel

Duty of fidelity of purpose

- Review stated purposes of the association
- Examine whether proposed actions are consistent with the association's purposes

Conclusion

Serving on the board of a nonprofit association carries with it significant legal responsibility. Common sense can enable you to conduct your activities properly. Requesting advice from experts, lawyers, and consultants can protect you. Take your time and be conscientious. Care, loyalty, and fidelity in all of your board actions are your best protection.

Role of the ASHA Board of Directors

The Board of Directors (BOD) establishes policies and exercises all powers except those reserved to members.

The BOD comprises the following members:

- 1) President, who shall serve as Chair of the BOD
- 2) President-Elect
- 3) Immediate Past President
- 4) Vice President for Academic Affairs in Audiology
- 5) Vice President for Academic Affairs in Speech-Language Pathology
- 6) Vice President for Audiology Practice
- 7) Vice President for Speech-Language Pathology Practice
- 8) Vice President for Finance
- 9) Vice President for Government Relations and Public Policy
- 10) Vice President for Planning
- 11) Vice President for Standards and Ethics in Audiology
- 12) Vice President for Standards and Ethics in Speech-Language Pathology
- 13) Vice President for Science and Research
- 14) Chair of the Audiology Advisory Council
- 15) Chair of the Speech-Language Pathology Advisory Council
- 16) Executive Director of the Association (Ex Officio)

The BOD makes decisions in the best interest of ASHA members; the professions of audiology, speech-language pathology, and speech-language-hearing sciences; and the Association based on timely advisory information on critical issues and the ASHA budget. To ensure that the BOD is making knowledge-based decisions related to concerns of members and the ASHA budget, the BOD will seek and use data/information from its most important sources, the Audiology Advisory Council and the Speech-Language Pathology Advisory Council. The BOD also will obtain information from other ASHA sources, including all committees, councils, and boards.

The BOD will obtain information from members and representatives of members (state associations, related professional organizations) to inform BOD decision making. To obtain information from members, ASHA will establish an electronic system that will be available on a continuous basis for all ASHA members to provide information on issues of concern and provide input on issues being dealt with by the BOD. The online BOD In Touch form can be accessed via ASHA's governance pages at <http://www.asha.org/about/leadership-projects/MembmersInTouch.htm>. The form also can be accessed from ASHA's home page via the "Quick Link Box." Members have been encouraged to use the "Contact Us" link for issues/questions of a more routine nature (e.g., journal subscriptions, change of address requests, certification status) and submit the InTouch form *only* for association-wide issues and issues related to ASHA's Strategic Pathway to Excellence.

In addition to obtaining data/information related to issues of concern to the professions, the BOD will review best practices, benchmarks, measures of success, trends, and environmental scanning data/information that may affect the Association as it engages in its planning activities.

The BOD establishes all committees, councils, and boards.

The President chairs the BOD and is the officer to whom all other officers relate in the coordination and final decision-making affecting their work. Other officers seek the counsel of the President regarding questions and directions about the work they perform or monitor. Committee Chairs requiring input from the President should make such requests through their respective Monitoring Officer.

Committee and Board Handbook

Each committee established by the BOD works with an appointed BOD member who serves as the Monitoring Officer and brings all necessary committee recommendations to the BOD for information purposes.

The Monitoring Officer provides the following support:

- clarifies interrelationships among committees;
- assists Chairs in evaluating committee progress toward objectives within policy and budgetary guidelines;
- facilitates reporting of the committee and brings its recommendations to the BOD;
- ensures integration of activities that overlap with other committees.

Role of the Advisory Councils

ASHA has an Audiology Advisory Council and a Speech-Language Pathology Advisory Council, both of which were established to provide information to the Board of Directors (BOD) on issues of concern to the members and the professions. Each Council has 53 members: one each from the 50 states, the District of Columbia, the National Student Speech Language Hearing Association (NSSLHA), and members who reside outside the United States.

Each Advisory Council will:

- identify, analyze, discuss, and prioritize issues of concern to members;
- advise the BOD on issues that need to be considered as the Association engages in planning to advance the purposes of the Association;
- provide advice to the BOD on issues the BOD brings to the Advisory Councils;
- review ASHA's approved budget and forecasts and provide input and recommendations on budget items to consider in the development of the next year's budget, including the need for any dues increase;
- participate in the peer review of all ASHA policy documents;
- review and comment on policy documents prior to final approval by the BOD;
- elect representatives from eligible members of the Association to the following committees and boards: Committee on Honors, Committee on Nominations and Elections, Financial Planning Board, and Government Relations and Public Policy Board.

Role of the National Office

The National Office is the ASHA headquarters office that conducts the day-to-day business of the Association. The ASHA Bylaws stipulate that the Executive Director is an Ex Officio member of all committees of the Board of Directors (BOD). The Executive Director is authorized to appoint qualified National Office staff to serve as her designee on committees. Staff members work to implement the decisions and directions set for the Association by the BOD and to facilitate implementation of the committees' charges and projects.

The Executive Director oversees all staff and operations of the National Office and coordinates the direction of the office work. Officers may seek the counsel of the Executive Director regarding policy or program history and assistance in the programmatic and logistical coordination, management, and support of their work through National Office programs and staff. Officers apprise the Executive Director of their questions/needs, and the Executive Director then seeks specific information or assigns this task to other National Office staff as necessary.

For information on the specific roles and responsibilities of National Office Ex Officio members of ASHA committees, please refer to **Section B**.

**Standing and Ad Hoc Committees, Boards, and Councils;
Working Groups; and Task Forces**

Standing Committees, Boards, and Councils

Standing committees, boards, and councils are established by resolution and are appointed to fulfill specific charges designated by the Board of Directors (BOD). Their work is directed by a Monitoring Officer on the BOD.

Committees advise the BOD and recommend policies or execute specific undertakings as approved by the BOD. Financial commitments being considered by a committee must be submitted to the Vice President for Finance through the committee's Monitoring Officer for approval prior to taking any action.

Funds may not be expended or obligated by any committee for any purpose unless in accord with the approved budget and work plans for committee activities. Amounts and/or activities in excess of the budget require prior approval of the BOD.

Prior approval of the BOD is required for a committee Chair or member to take any final action or make any public statement on behalf of the ASHA. All committee decisions are advisory until accepted and approved/ratified by the BOD. Two councils—the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) and the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), both of which are described in the ASHA Bylaws—are autonomous in setting standards. The CFCC makes final decisions in setting standards for certification of individuals; the CAA makes final decisions in setting standards for accreditation of graduate education programs. Additional information about the interrelationships among the BOD, the CFCC, and the CAA can be found on page A-11.

Advisory boards are deliberative bodies that do not have autonomous or judicial responsibilities. Their function is to identify issues on which action by the Association is needed and to recommend actions for implementation by the Association.

Ad Hoc Committees and Working Groups

Ad hoc committees and working groups are established by BOD resolution to address issues that the BOD believes are single-focused, need a timely response, and cannot be handled expeditiously by standing committees. Ad hoc committees and working groups are appointed for specific time periods by the Committee on Committees. Individuals agreeing to serve on an ad hoc committee or working group do so with the understanding that they will remain on the group until its work is completed.

A working group may be established when work involves a review, revision, or updating of current Association policies or resources and is conducted in partnership with an ASHA Special Interest Division.

The Executive Director designates National Office staff members to serve as Ex Officio members to ad hoc committees and working groups. Both ad hoc committees and working groups report to Monitoring Officers designated by the BOD.

Task Forces

Task forces are established by the BOD when it is thought that issues can be addressed more expeditiously through National Office coordination and when (a) there is urgency due to the nature of the issue and/or (b) there is a need for fluidity in the composition of the group. Task forces are coordinated by a National Office staff member designated by the Executive Director. The composition of a task force is approved by the Committee on Committees upon recommendation by the Executive Director following consultation with the BOD liaison officer. Individuals invited to serve on task forces do so with the

Committee and Board Handbook

understanding that the composition of the task force may change as various aspects of an issue are addressed.

Task forces report to the Executive Director, who then reports to the BOD.

Meetings and Reporting

All standing and ad hoc groups meet at the Annual Convention and during the year as determined by the Chair in conjunction with the Monitoring Officer and the Ex Officio. A “meeting” may be face-to-face (requires at least a full 2-day agenda) or via conference call. A National Office Ex Officio member attends each meeting of the committee. The Monitoring Officer attends at his or her discretion.

The Monitoring Officer and the Ex Officio member facilitate communication between the committee and the BOD. Committees are expected to report regularly on their activities to the BOD via minutes or periodic reports by the Monitoring Officer and/or Ex Officio member.

Chairs are responsible for keeping Monitoring Officers and Ex Officio members well informed, ensuring that Chairs of other groups that may be affected by committee activities are informed of such activities, and distributing minutes as appropriate, within one month of committee meetings.

Special Interest Divisions

The program of *Special Interest Divisions and study sections* evolved in response to the diverse needs of members. Special Interest Divisions and study sections were established for the exchange of professional and scientific information. They are intended to provide an opportunity for members of the Association to (a) affiliate with one another to promote specific professional interests; (b) develop communication and networking in diverse professional settings; (c) identify and convey concerns and needs to the Board of Directors (BOD) of the Association; and (d) assist in policy formulation.

Divisions are groups of members of ASHA. They function as integral parts of the Association and are not separate entities. Operations of Divisions are administered under the jurisdiction of the Association through the BOD. Currently, the following 16 Special Interest Divisions serve to support member and Association efforts to meet the needs of persons with communication disorders.

1. Language Learning and Education
2. Neurophysiology and Neurogenic Speech and Language Disorders
3. Voice and Voice Disorders
4. Fluency and Fluency Disorders
5. Speech Science and Orofacial Disorders
6. Hearing and Hearing Disorders: Research and Diagnostics
7. Aural Rehabilitation and Its Instrumentation
8. Hearing Conservation and Occupational Audiology
9. Hearing and Hearing Disorders in Childhood
10. Issues in Higher Education
11. Administration and Supervision
12. Augmentative and Alternative Communication
13. Swallowing and Swallowing Disorders (Dysphagia)
14. Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations (CLD)
15. Gerontology
16. School-Based Issues

The Board of Division Coordinators, representing the various divisions, functions as a recognized Board within the Association's organizational structure and is responsible for coordinating operations of the various divisions. The Board comprises the coordinators of the Special Interest Divisions plus a Chair, Monitoring Officers, and a member of the National Office staff who serves in an ex officio capacity.

Volunteers

ASHA members are eligible for active participation in the Association's activities through volunteer service on committees. Members are appointed to standing boards, committees, and councils by the Committee on Committees (members of the Board of Directors with the President-Elect, as Chair). Whenever possible, the Committee on Committees draws from the Volunteer Pool of applications maintained by the National Office. Members become part of the committee pool by submitting a Volunteer Pool Data Form <http://www.asha.org/eweb/startpage.aspx>, which is available on the ASHA Web site and can be completed and submitted online.

The Committee on Committees also is authorized to appoint nonmembers of the Association (e.g., public members or related professionals), as specified in the enabling resolutions or permitted by special exception, representing themselves or various types of consumer or professional groups whose representation from such groups is judged to be of potential benefit to the operation of the specific committee or board.

Chairs may not appoint members on their own initiative. Prospective appointments must be channeled through the Monitoring Officer to the Committee on Committees. Chairs are asked to offer recommendations for appointment of new members to the Monitoring Officer. Monitoring Officers make their recommendations to the Committee on Committees, following input from Chairs and National Office Ex Officio members. Invitations are extended and appointments are made only following approval by the Committee on Committees. Exceptions to this appointment process include the American Speech-Language-Hearing Foundation Board of Trustees, the Political Action Committee, the practitioner members serving on the Council on Academic Accreditation (CAA), selected individuals serving on the CAA and on the Council for Clinical Certification (CFCC) Nominating Committees, and members serving on the CFCC. These appointments are approved by the Board of Directors.

In addition, two members serving on the Financial Planning Board and on the Government Relations and Public Policy Board are elected by the Audiology Advisory Council, and two members serving on the Financial Planning Board and on the Government Relations and Public Policy Board are elected by the Speech-Language Pathology Advisory Council; three Fellows serving on the Committee on Honors and three members serving on the Committee on Nominations and Elections are elected by the Audiology Advisory Council, and three Fellows serving on the Committee on Honors and three members serving on the Committee on Nominations and Elections are elected by the Speech-Language Pathology Advisory Council.

Interrelationships among the Board of Directors, The Council for Clinical Certification, and The Council on Academic Accreditation

Introduction

The structure of the ASHA standards program involves extensive and ongoing interaction among the Board of Directors (BOD), Council for Clinical Certification (CFCC), and Council on Academic Accreditation (CAA).

The CFCC develops the standards used by the Association for the certification of individuals and implements those standards. The CAA develops the standards for the accreditation of graduate education programs and implements those standards.

Communication among the BOD, CFCC, and CAA is facilitated by the Committee of Chairs of Standards and Ethics. This group comprises the Chairs of the CFCC, the CAA, the Council for Clinical Specialty Recognition, and the Board of Ethics, along with staff Ex Officio members to each group. The two Vice Presidents for Standards and Ethics and the two Vice Presidents for Academic Affairs serve as BOD liaisons to the CFCC and the CAA, respectively. Communication and coordination of efforts are further facilitated by the attendance of a CFCC Ex Officio member at CAA meetings and a CAA Ex Officio member at CFCC meetings.

Autonomy of CAA and CFCC in Developing and Implementing Standards

Per the ASHA Bylaws (Article VIII, Section 8.1), the CFCC is autonomous in the development of certification standards. The Council publicizes any suggested changes in the standards and requests a peer review to assist them in their deliberations; however, the final decision in setting standards is made by the Council. A similar policy applies to the CAA, as reflected in Article VIII, Section 8.2 of the Bylaws. Both councils conduct periodic formal reviews of the standards and criteria to ensure that they meet the needs of the professions.

Appointment of CFCC and CAA Members

The CFCC has a five-member Nominating Committee with responsibility for assembling a slate of nominees to fill vacant positions on the CFCC. One member from each profession representing the academic community shall be appointed by the BOD. One member from each profession representing practitioners shall be appointed by the CFCC, plus a Chair who is a former or outgoing member of the CFCC. The slate of nominees prepared by the Nominating Committee is presented to the BOD for approval and appointment. The CFCC elects its own Chair and Vice Chair.

The CAA has a five-member Nominating Committee appointed by the BOD, with the exception of the committee Chair, who is selected by the CAA. The CAA nominating committee selects academic and practitioner nominees for council vacancies. The slate of nominees for academic member vacancies is submitted to accredited academic programs for vote; the slate of nominees for practitioner member vacancies is submitted to the BOD for vote. The Nominating Committee also selects an individual to fill any public member vacancy. The CAA Chair, Chair-Elect, and Vice Chair are elected by the CAA membership.

Board of Directors' Oversight

The BOD does not monitor the CFCC or the CAA in the development of standards and criteria, nor does it monitor the certification and accreditation decisions made by the two councils.

The BOD approves all budget requests and has final approval of all CFCC activities and products outside the standards program. The CAA budget is subject to BOD approval, but once approved, the CAA is authorized to determine its own non-personnel expenditures within budget limitations.

Procedural Guidelines for Official Liaison Representatives of the American Speech-Language-Hearing Association¹

Background

ASHA maintains a variety of liaisons with individuals, groups, and organizations when it is determined that such liaisons will benefit the Association in terms of its goals and activities. The liaisons are both formal and informal, and are conducted on an individual-to-individual, individual-to-group, or group-to-group basis. The efforts of liaison representatives are extremely important to the Association, to the professions, and to individuals with communication and related disorders. Other organizations and professions often receive knowledge and input about our discipline and activities only by contact with liaison representatives. In addition, liaison representation may be the only means by which our Association can achieve input into the development and conduct of programs that affect our field. For these reasons, ASHA representatives are chosen carefully.

Role and Requirements

Liaisons serve as official representatives of ASHA in order to advocate for ASHA's policies, interests, and needs. The role of the liaison representative can be a difficult one, particularly when ASHA policies are not consistent with those of the other individual/group/organization or if the liaison must represent ASHA policies that are not consistent with his or her personal view. It is necessary for the individual to minimize personal opinion and to maximize the promotion of ASHA policies and interests. Liaison appointees must:

- be knowledgeable about the broad policies of the Association, including, specifically, ASHA's Process for Developing Practice Policy Documents (see **Section D**) as well as those policies that are specific to the area(s) of representation;
- have content expertise in the area(s) of representation;
- be familiar with past actions of the group or organization to which they have been appointed as liaison.

Appointments Process

1. Liaisons for a one-time event/meeting are appointed by the President, who informs the Board of Directors (BOD) of the appointment and designates the amount and source of funding.
2. Liaisons for specific terms beyond one-time events/meetings are appointed by the Committee on Committees.
3. Ongoing liaisons (i.e., those that are not for a specific term) are established by motion or resolution of the BOD.
 - a. In some cases, the individual(s) serving as ASHA's liaison(s) are identified by office or title (e.g., the enabling resolution approving ASHA's participation in the TriAlliance specifies that ASHA's liaisons to the TriAlliance are the President and Executive Director).
 - b. In those cases in which an individual is to be appointed as the liaison, the appointment is made by the Committee on Committees (e.g., the Committee on Committees appoints the liaison to the American Association for the Advancement of Science).
4. A Monitoring Officer and a National Office staff contact person are designated, and the level of ASHA funding is specified.

¹ Approved (BR 54-99) on April 26, 1999.

Orientation

Once an appointment has been made, a copy of the *Committee and Board Handbook* is made available to the liaison. The Monitoring Officer and/or the National Office staff person schedule a time during which they will orient the liaison representative. Depending on the nature of the liaison work involved, both parties' availability, and available funds, this orientation is done via either conference call or face-to-face meeting. The orientation includes:

- clarification of the liaison activity, including ASHA's interests and intended outcome, time frame and scheduled meetings, and importance of periodic reports;
- review of relevant ASHA policies and resources, and, when appropriate, consultation with other ASHA members who have expertise in the area;
- review of ASHA processes and procedures related to receiving/accepting/endorsing documents;
- review of any other items contained in the *Committee and Board Handbook* that may be relevant to the liaison activity;
- frequency of communication anticipated among the liaison, Monitoring Officer, and National Office staff person, including filing of liaison reports following meetings, conference calls, and other such liaison activities.

Responsibilities

The role of liaison carries with it the following responsibilities:

- serves as an official representative of ASHA to advocate for ASHA's policies, interests, and needs;
- maximizes the promotion of ASHA policies and interests, including, specifically, language from ASHA's Process for Developing Practice Policy Documents (see **Section D**). In those instances when such promotional activities may not be consistent with his or her personal view, the liaison is obligated to inform the Monitoring Officer, who will then determine if a conflict of interest exists;
- abides by ASHA policies and established procedures (e.g., travel policies, procedures for receiving/accepting/endorsing documents);
- maintains contact with the Monitoring Officer and designated National Office staff person to ensure that they are fully aware of all relevant ASHA policies and resources as the liaison activity progresses;
- maintains a written record of all liaison interactions and files timely written reports of all decisions related to plans, draft products, and so forth, including an annual report to the Monitoring Officer for incorporation into the officer's annual report. In the absence of any information to report, liaisons maintain at least quarterly contact with the Monitoring Officer. All written reports are copied to the appropriate Monitoring Officer and to the designated National Office staff person.

Public Members and Consultants

ASHA acknowledges the need to demonstrate concern for public interest in the deliberation of policy, standards, and professional behavior. For these reasons, it is essential that the public is represented on a select basis on some of ASHA's committees.

ASHA recognizes that individuals outside the profession may possess special knowledge, expertise, or perspectives that enable them to make valuable contributions to the operations of the Association and to the achievement of its objectives. The functions and roles of such individuals are defined as follows:

Public Member

There are three categories of public members that are represented on Association committees and these members are appointed for the particular contribution and perspective that they bring.

1. **Public Representative:** A person outside the professions who is appointed to serve as a regular, voting member on one or more of the Association's committees and who possesses the following characteristics:
 - a. represents the interests of the general public;
 - b. demonstrates dedication and commitment to human service programs, the needs of persons with disabilities, and the general welfare of the community;
 - c. does not have a pecuniary or personal interest in other agencies, organizations, or activities that would place the person's loyalties or interests in conflict with the goals or functions of the Association body to which the person has been appointed or to the Association in general.
2. **Consumer Representative:** A person outside the professions who is appointed to serve as a regular voting member on one or more of the Association's committees and who possesses the following characteristics:
 - a. represents the consumers of the services provided by the Association;
 - b. demonstrates dedication and commitment to human service programs, the needs of persons with disabilities, and the general welfare of the community;
 - c. does not have a pecuniary or personal interest in other agencies, organizations, or activities that would place the person's loyalties or interests in conflict with the goals or functions of the Association body to which the person has been appointed or to the Association in general.
3. **Special Representative:** A person outside of the professions who is appointed to serve as a regular voting member on one of more of the Association's committees and who possesses the following characteristics:
 - a. represents special sectors of the community, such as business; special populations (e.g., the elderly; and particular organizations such as educational or civic organizations;
 - b. has specific knowledge and skills that are vital on an ongoing basis to the Association;
 - c. does not have a pecuniary or personal interest in other agencies, organizations, or activities that would place the person's loyalties or interests in conflict with the goals or functions of the Association body to which the person has been appointed or to the Association in general;
 - d. can function to solicit support from the sector(s) that the person represents.

Consultant

The consultant is a person outside the professions who possesses knowledge and skills that can be used to advise various committees. The person serves on an as-needed basis and does not have voting privileges.

Summary

In general, the following policies shall apply regarding the selection and use of public members and others outside the professions to serve on committees and in other capacities with the Association.

- The Association shall appoint public members in accord with existing laws, regulations, and requirements that govern the operations of the Association.
- Where the appointment of a public member is optional but the effective functioning of a committee would be greatly enhanced by the addition of a person or persons such as a continuing member, with vote (or without vote, in the instance of an appointed consultant), it shall be so defined in the organizational guidelines for that committee.

Committee and Board Handbook

- Public members shall be paid a daily honorarium, the amount of which shall be reviewed by the BOD every 5 years, as well as travel and other expenses incurred by the person while discharging responsibilities directly related to the Association.
- In general, the Association shall contract with consultants regarding services rendered, fees, expenses, and so forth.
- Nothing in these statements shall preclude the use by the Association and/or its committees of various individuals and groups outside the Association for purposes of transmitting or receiving information, coordinating activities, or engaging in all or any other activities necessary to the operations of the Association.

**Current Authorization for Public Members and
Others Outside the Professions**

Board of Ethics

One Public Member

Continuing Education Board

Consultants (on an as-needed basis)

Council on Academic Accreditation in Audiology and Speech-Language Pathology

One Public Member

Council for Clinical Certification in Audiology and Speech-Language Pathology

Consultants (on an as-needed basis)

Council for Clinical Specialty Recognition

Two Consumer Representatives

Financial Planning Board

One Public Member

Government Relations and Public Policy Board

One Consumer Representative

Political Action Committee

One Public Member

**National Student Speech Language Hearing Association
Representation on ASHA Committees**

Members of the National Student Speech Language Hearing Association (NSSLHA) constitute a well-informed, interested group of future professionals who will be substantially affected by the deliberations and actions of ASHA. Students who are members of NSSLHA should be encouraged to become acquainted with the governance processes of ASHA to learn about issues and developments related to the interests of the discipline of Human Communication Sciences and Disorders.

Observing committee meetings provides NSSLHA members an opportunity to become acquainted with issues and developments related to the discipline of Human Communication Sciences and Disorders. The active (but nonvoting) participation of NSSLHA student representatives in the activities of selected committees of ASHA may offer opportunities for two-way communication between students and the professional association that they are about to enter.

NSSLHA members are extended the privilege of attending, as observers, open meetings of ASHA committees. Exceptions to this policy are for designated executive sessions when sensitive, privileged matters are to be discussed. Observers who attend meetings of Association committees are not reimbursed.

The Board of Directors (BOD) may make specific exceptions regarding reimbursement when the nature of a committee's activities warrants the active (but nonvoting) participation of a NSSLHA student representative, instead of observation alone. When exceptions are made to permit active (but nonvoting) participation of a NSSLHA student representative, expenses incurred in attending these meetings will be reimbursed according to customary reimbursement policy for members.

Beginning in 1987, a student representative from NSSLHA was authorized to serve as a member without voting privileges on the Scientific and Professional Education Board, with the Association paying the student's expenses to participate in Board meetings except for those held on Committee Day. Currently, student representatives also are authorized to serve on the Special Interest Divisions Board of Division Coordinators and on the Multicultural Issues Board.

B. Committee and Board Operations

The purposes of this section of the Handbook are to:

- delineate the roles and responsibilities of the individuals involved in committee work and the importance of coordination among these individuals;
- provide guidelines for the conduct of committee meetings;
- review the resolutions development process.

Three individuals, the Monitoring Officer, the Chair, and the Ex Officio work as a team to coordinate the work of each committee. The Monitoring Officer sets the direction, the Chair orchestrates the development of the product and elicits the group's creativity and participation, and the Ex Officio ensures organization and planning in harmony with policy and procedures and ensures the coordination with ASHA operations.

Roles and Responsibilities

Monitoring Officer

The Monitoring Officer directs the work of the group that he or she monitors via the Chair. The Monitoring Officer helps clarify the charge to the Chair, and he or she may request minutes, attend meetings, and react to work in progress. When appropriate, the Monitoring Officer posts summaries of committee meetings to the Headlines e-mail list.

Committee Chair

The committee Chair directs the members and activities of the committee to ensure that goals and objectives are met.

Primary Responsibilities

- Determines methods by which the committee charge will be met.
- Prepares agendas for meetings/conference calls and distributes required resources prior to meetings/conference calls.
- Sets appropriate expectations around members' contributions and responsibilities.
- Delegates and monitors work assignments.
- Exercises fiduciary responsibility to facilitate committee work being completed in an efficient and cost-effective manner.
- Assists the Monitoring Officer in recommending appointments to the committee and developing the committee's annual budget.
- Reports to the Monitoring Officer as appropriate and prepares an annual report.
- Ensures that meeting notes are taken and that the minutes are produced. (Notes can be taken by a committee member, or the task may be shared by several members.)
- Distributes minutes of meetings (committee members may rotate responsibility).
- Advocates on behalf of the professions by providing time for committee members to visit their representatives on Capitol Hill during face-to-face meetings at the National Office.
- Acquires knowledge of the governance structure of the Association, including ASHA's Strategic Pathway to Excellence.

Committee and Board Handbook

Desirable Characteristics

- Communication not only within the committee but with other committees, the BOD, and related groups.
- Active participation and interest in the Association's activities and objectives.
- Ability to command attention without dominating the group.
- Hold prestige and respect within the professions. The Chair's opinions must command the respect of other members and of those who will be guided by committee findings.
- Knowledge of the committee's subject area.
- Knowledge of the Association's overall purposes, strategic plan, and focused initiatives.
- Ability to create the right atmosphere for productive committee work.
- Ability to carry out the responsibilities involved. This includes time and, if necessary, resources.
- Clear understanding of the position and role of the Association staff and need for a close working relationship.
- Experience and ability to set an agenda and run a timely and efficient meeting.

Committee Member

Committee members attend all meetings of the committee, prepare assignments, and work toward the fulfillment of the group's objectives.

Primary Responsibilities

- Attends all meetings and participates in all conference calls of the committee.
- Completes assignments delegated by the Chair.
- Acknowledges all communications concerning committee work by requested deadline.
- Informs his or her employer of the responsibilities and commitments required of committee members.
- Prepares for meetings and conference calls by reviewing all relevant material and pertinent background information.
- Participates in all discussions.
- Maintains a professional demeanor when other ideas or conflicting viewpoints are presented.
- Advocates on behalf of the professions.

Ex Officio Member

National Office Ex Officio members (authorized to serve as the Executive Director's designee on committees) serve as full, participating members of committees, although they do not vote. Staff members present information and convey various viewpoints from the membership and/or staff and serve as resources on existing policies and products. Their job is to bridge leadership changes in governance groups, provide policy/procedures and programmatic history, and ensure coordination of work with the overall governance structure and other National Office units.

There is only one Ex Officio member from the National Office for each committee. However, additional staff members may be designated to serve on committees to carry out specific limited functions (e.g., liaison, recorder, or consultant to provide special expertise).

The duties of the Ex Officio may vary. Following is a list of common responsibilities.

Committee and Board Handbook

Primary Responsibilities

- Serves as full, participating committee member (without vote) and participates in meetings and conference calls.
- Provides logistical and operational support to facilitate the committee's ongoing work.
- Serves as resource to the committee on existing ASHA policies, products, procedures, and programmatic and policy history.
- Provides supporting policies and procedures of the Association.
- Completes individual assignments made by the Chair.
- Assists the Chair and Monitoring Officer in identifying potential committee members.
- Prepares an annual budget, in collaboration with the Chair, and assists the Chair in preparing an annual report for the Monitoring Officer.
- Collaborates with the committee Chair and the Monitoring Officer to ensure ongoing communication about the work of the committee.
- Disseminates committee product(s) as specified in the enabling resolution (e.g., ensures that documents are posted on the ASHA Web site after approval).
- Implements the committee recommendations, as appropriate.
- Prepares and submits documents for select and widespread peer review.

Pre-Meeting Responsibilities

- Coordinates with Chair and Monitoring Officer on face-to-face meeting dates (if approved) and surveys committee members to determine most feasible dates.
- Completes all required travel authorization forms.
- Completes and transmits the Authorization to Travel Form to Monitoring Officer and, if necessary, to the Vice President for Finance for approval. (See **Section C**, ASHA Guidelines for Approval of Face-to-Face Meetings).
- Disseminates agendas and meeting materials.
- Communicates with new committee members to offer any assistance or guidance that they may require.
- Arranges for weekend entry to the National Office.

Onsite Meeting Management Responsibilities

- Ensures that meeting room contains adequate office supplies and beverages when support from the Facilities Management Cluster is unavailable. (*NOTE: The staff from the Facilities Management Cluster provides administrative and hospitality support on weekends only when several large meetings are scheduled to occur at the same time.*)

Meeting Follow-up Responsibilities

Immediately following any meeting, the Ex Officio should ensure that:

- minutes or record, if required, are prepared in a timely manner, reviewed by all committee members, revised, and disseminated well in advance of the next meeting (this does not imply that the Ex Officio is responsible for recording the minutes);
- travel vouchers and receipts are compiled and submitted to the Accounts Payable Team within 30 days of the meeting;
- the task list generated at the meeting is coordinated with the Chair and disseminated.

In addition, after each meeting, the Ex Officio should:

- perform a budget review;
- begin preparing the logistics and materials for the next face-to-face meeting or conference call;

- communicate with new committee members to offer any assistance or guidance that they may require.

Transition from Outgoing to Incoming Chairs

In July, Monitoring Officers identify individuals to serve as Chairs beginning the following January 1 for Chairs whose terms are scheduled to expire in December. The transfer of committee responsibilities from the outgoing to the incoming Chair is facilitated through conference calls prior to the ASHA Convention and activities at the Annual Convention Committee Day meeting. Both the outgoing and the incoming Chairs are expected to attend the committee meeting on Committee Day and the orientation meeting of committee Chairs.

To facilitate an easy transition from Chair to Chair, both incoming and outgoing Chairs, along with the Ex Officio and Monitoring Officer, are to schedule a conference call in the fall to discuss the group's charges, status of the work, and composition of the committee. On the morning of Committee Day, prior to individual committee meetings, new Chairs are oriented to their respective roles and responsibilities. It is important that incoming Chairs attend this orientation meeting. Participants are given opportunities to share information and discuss issues that affect the operations of all committees.

On Committee Day, the committee meets to finalize activities for the current year and to plan for the following year. The Monitoring Officer attends a portion of the meeting. Although the outgoing Chair is responsible for leading that meeting, the incoming Chair should attend in order to learn about the committee's activities and to assist in planning for the next year.

The outgoing Chair is responsible for preparing an end-of-year annual report to summarize the committee's work; copies are sent to the Monitoring Officer, the incoming Chair, and the Ex Officio.

Guidelines for Committee Meetings

Committees and boards meet annually on Committee Day at the ASHA Annual Convention. Committee members are expected to attend the annual meeting on Committee Day.

Face-to-Face Meetings

Committees may need to meet face-to-face to complete their charge within the deadlines imposed. Approval for such meetings requires at least a full 2-day agenda; for work needing less time, conference call meetings or e-mail correspondence may suffice.

Face-to-face meetings must be approved by the Monitoring Officer at least 5 weeks prior to a proposed meeting. (See **Section C** for timelines and required forms.) The stated policy is that the Vice President for Finance, in conjunction with the Executive Director, will choose the sites for the committee's face-to-face meeting; typically, committee meetings are held at the National Office. An alternate site would only be considered on the basis of cost savings.

The Vice President for Finance and the Executive Director also must sign the travel authorization form if the committee meeting:

- will be held some place other than the National Office;
- will be held in conjunction with a conference; or
- expenses exceed the approved budget.

Approval is **not** required by the Vice President for Finance and the Executive Director for meetings of joint committees that propose to meet at sites other than the National Office.

Conference Call Meetings

Some committee business is handled by conference call. Costs for conference calls must be included in the annual budget for the committee. Coordination of arrangements is handled by the National Office Ex Officio according to the following procedures:

- The National Office Ex Officio, with input from the Chair, committee members, and the Monitoring Officer, ensures that a time at which the call will take place is established, Eastern Time, and sees that all parties involved are informed.
- The National Office Ex Officio handles details of scheduling conference calls.
- Members will be provided a toll-free number and a participant passcode allowing them to be included in the conference call. For groups of six or fewer, the Ex Officio may initiate the call using the conference feature on the office telephone. It is important for all participants to carefully read the materials that are e-mailed, mailed, or faxed prior to the call and to be available for the call on time.

Attendance of Non-Committee Members at Committee Meetings

Except for designated executive sessions, ASHA committee meetings are open to members of the Association as observers. Members may participate in committee meeting activities, without vote, only by prior invitation of the Chair.

The Resolutions Process

Sources of Resolutions

Most resolutions originate with Association committees, boards, councils, special interest divisions, National Office staff, or other ad hoc committees or working groups. Resolutions may also originate with individual members of the Association. Resolutions are directed to the National Office, attention Board of Directors (BOD) Manager.

Members have the option of submitting resolutions for BOD consideration via the ASHA Web site at <http://www.asha.org/about/leadership-projects/resolutionform>. Members are asked to include contact information, an abstract, the RESOLVED statement(s), and the Rationale. Resolutions submitted via the Web site will be delivered to the Association Governance Operations Team (AGOT) staff. Based on the content of the resolution, AGOT will forward the resolution to the National Office staff member/unit who has the most information related to the resolution for development of the budget section, if needed.

Preparation of Resolutions

The following information is provided as guidance on the preparation of resolutions. The principles are generally applicable to all individuals or groups preparing resolutions for eventual Association action.

1. ASHA's Purpose and the Purposes of the Resolution:

ASHA's Bylaws describe the purposes for which ASHA was organized. Resolutions proposed must be compatible with those purposes and, as appropriate, any applicable Strategic Objectives/Strategic Initiatives in ASHA's Strategic Pathway to Excellence.

2. Resolutions and Current Policy:

Only in the most unusual circumstances should a group or individual develop a resolution when the policy or practice recommended is already established or followed by the Association. Resolutions will be developed that propose actions that are possible and practical within the Association's current structure or policy. The Vice Presidents and National Office staff should be consulted on Association policy and practices before any effort is made to draft a resolution. Checking on existing Association policy and practice may avoid a great deal of wheel-spinning.

3. Resolutions Construction:

Insofar as it is possible, resolutions should be written in the active voice and should make clear "who does what to whom." Likewise, it is necessary to state "when" something is to be done or accomplished.

4. Resolve's Stand Alone:

The "resolved" statement must be able to stand entirely on its own without the necessity of being accompanied by explanatory statements. Therefore, the resolved statements should not contain such words as "information" or "such actions" or "that report," etc. unless it is absolutely clear in the resolved statement what the information is, or what the action is, or what the report is.

5. The Resolution is the “last resort:”

The Association has established mechanisms for accomplishing many of its activities. The Association has established committees, boards, and councils, and other working groups, some of which have authority to take actions and operate within the confines of established policy. Additionally, the Association has established a variety of communication vehicles that can be used to distribute information to members. As a general rule, if a committee, board, council, working group or member determines that an action can be accomplished through one of these existing structures, they are advised to deal with the issue through these avenues rather than through the mechanism of writing a resolution and presenting it for consideration.

6. Content and Length of the Rationale Statement:

If the purpose for proposing a resolution is not generally understood and clear, the rationale statement on the resolution form should spell out, in a logical and positive sequence, both the statement of the problem and the reasoning which leads clearly and directly to the solution—the “resolved” statement. In many instances, however, the rationale for a resolved statement will be understood and accepted and in these instances, the statements should be rather general and limited.

7. Conformance to Policy:

The rationale statement must not misstate Association policy. That is, no error of fact should exist within the statement. No matter how useful the proposed resolution, no affirmative action can be taken on a resolution if the statements supporting the resolution contain any error of fact. A resolution for action cannot be considered, however important, if the rationale statement includes expressions of personal emotion, bias, or attitude. Such personal expressions tend to lack objectivity and interfere with the presentation of a logical, factual, concise rationale for the resolution.

8. Cost of proposed action:

Committees, boards, councils, other working groups, and members must consider and determine, insofar as possible, the cost to the Association of the action proposed. National Office ex officios are responsible for preparing budgetary information in consultation with committee/board/council chairs. Members needing assistance may call the National Office and speak with the Director of Budget and Pensions.

9. Recognition of ASHA Programs or Activities:

If the resolution relates to past or present ASHA activity or policy, the rationale statements should give adequate recognition to the relationship as well as to the activity or policy. Unless the resolution takes cognizance of what has been done or is being done, the reader of the resolution may conclude that the writer of the resolution is not fully informed. In many instances, a resolution requests that more of something be accomplished by the Association. However, if the resolution only states that “something should be done,” without giving credit to that which has been done, a completely different view of the resolution may be taken than was intended by the writer.

10. How is Something to be Accomplished:

Though the rationale statement may present the logic for a given resolution and though the outcome statement is appropriately stated, it may not be clear how a given resolution outcome could be accomplished. If the drafters of a resolution have an understanding of how their request may be accomplished or how they desire that it be accomplished, they should describe the mechanisms and procedures. Frequently such detail will be essential before the cost of the

proposal can be determined. Resolution writers are urged to consider the mechanisms for accomplishing the task as well as the potential cost of the project. Such pieces of information should be provided whenever possible.

11. Background Information:

If necessary, resolutions should be accompanied by appended background statements that make clear the need for the resolution.

Procedures for Submitting and Processing Resolutions

Upon receipt in the ASHA National Office, resolutions are submitted to an internal review team comprised of representatives from editorial services, budget, information services, planning, and the appropriate chief staff officer. After adjustments resulting from the review process have been made, the resolution is submitted to the BOD for consideration.

Resolutions for BOD consideration are posted on the BOD's Collaboration Site (Internet meeting/business site). At the time of posting, a discussion period is defined and a voting period is identified. The Board is alerted to the resolution for consideration.

In the event a Board member wishes to have face-to-face discussion of an issue, the member may move to have the resolution in question held for the next meeting of the BOD. Following an affirmative vote of the motion to hold a resolution for discussion, the resolution will be placed on the agenda for the next BOD meeting.

When voting has concluded, the BOD is notified of the result of the vote. Resolutions that have been acted upon by the BOD will be published in minutes for the calendar year. The minutes are available on the Collaboration Site and are posted on the ASHA web site for member information.

C. Finance

This section of the handbook addresses the financial aspects of the Association, with information on the budget cycle for the Officer-Committee-Board (OCB) budget, and how committees go about requesting and managing funds for various projects and meetings.

Activities of ASHA committees are budgeted under a separate category, designated as the OCB budget, in the Association's annual budget. This section outlines policies and procedures related to the budgeting and approval process for the expenditure of Association funds in the OCB budget. The following information is provided:

- OCB budgeting procedures
- sample budget forms
- guidelines and sample forms for approval of face-to-face meetings

ASHA committees may submit resolutions for consideration that may, if adopted, have an impact on the Association's budget. Part III of the ASHA Resolution Form is designed to provide information about any potential budget impact at the time a resolution is being considered. In order to assist Chairs with the preparation of this information, the ASHA Resolution Form is included in Appendix A. Appendix C includes ASHA's travel policies.

**Budgeting for Committee/Board/Council Expenses
Through the OCB Budget**

Person/Group Responsible	Task to Be Completed
National Office Budget Team	In early spring, prepares and e-mails memos from Monitoring Officers to National Office Ex Officios, with Form OCB-1, "Budget Estimate Form" and instructions, requesting a budget allocation for projected costs for the next calendar year.
National Office Ex Officio	Completes Form OCB-1, "Budget Estimate Form", following the sample (in collaboration with the Committee Chair); then submits budget request estimate to Monitoring Officer by e-mail.
Monitoring Officer	Analyzes completed budget estimate with respect to funds requested for travel, operating expenses (postage, telephone, etc.), personnel, and other expenses. Revises requests as deemed appropriate and provides the Vice President for Finance (VPF) with the revised projected costs for each committee.
VP for Finance	Reviews requests from Monitoring Officers, e-mails budget requests and preliminary approval to National Office Budget Team. Provides recommendations to the Financial Planning Board and BOD.
Board of Directors (BOD)	At a fall meeting, establishes OCB budget through review and input on the Association budget. Approves the budget.
BOD Manager	In December, prepares letter (or e-mail) to each Chair, with copies to Ex Officios and Monitoring Officers, to communicate the amounts approved for each category of expense.
National Office Ex Officio	Prepares and submits forms for approval of face-to-face meetings. <i>NOTE: A request for travel funds in the annual estimate of the committee's projected expenses does not constitute approval for face-to-face meetings. Each meeting or travel activity requires both prior budgeting and prior approval by the Monitoring Officer and, if required, the Vice President for Finance. Approval for such meetings requires at least a full 2-day agenda. For procedures on obtaining approval for face-to-face meetings, please see "ASHA Guidelines for Approval of Face-to-Face Meetings" of this section.</i>
BOD	Ad Hoc Committees The BOD approves all ad hoc committees. They are funded through the budget process and/or by resolution or motion from contingency funds.

Committee and Board Handbook

Vice Presidents

Coordinating Committees

Coordinating committees are optional at each vice president's discretion. Funding is through the budget and/or by resolution or motion from contingency funds.

ASHA Guidelines for Approval of Face-To-Face Meetings

Person/Group Responsible

Task to Be Completed

National Office Ex Officio

At least 5 weeks prior to the proposed meeting date, electronically submits completed Form OCB-2, "Request/Authorization for Appropriation of OCB Travel Funds," to the Monitoring Officer, including the following supporting data:

- need for and purpose of the meeting, including why the need cannot be met other than through a meeting
- proposed location and inclusive dates (the typical meeting length is from a minimum of 2 days to a maximum of 2½ days to 4 days, which should be reflected on the agenda)
- persons to be authorized to travel
- detailed cost estimate

NOTE: Committee travel undertaken without specific authorization could result in disallowance of a request for reimbursement of travel expenses. Failure to comply with the timelines indicated may delay the making of travel arrangements so that the lodging or transportation preferred is unavailable.

Monitoring Officer

Approves or denies the request from Chair and forwards to budget staff at the National Office. However, see below.

VP for Finance

Must sign a copy of the "Request/Authorization for OCB Travel funds" for committees when the requests for travel by committees or liaisons propose to (a) meet at a site other than the National Office and/or in connection with a conference and/or (b) exceed the funds approved in the budget for the committee.

As suggested by the Association's auditors to serve as a compensating control, the President signs off when the Vice President for Finance is the Monitoring Officer.

Monitoring Officer (or VPF)

Forwards request to the National Office budget staff for processing.

National Office Ex Officio

After the meeting is approved, completes internal meeting and travel logistics forms and forwards them to the Convention and Meetings Unit.

Convention and Meetings Unit

E-mails travel information to meeting participants.

Chair/members/other authorized participants

Make travel arrangements as specified in information provided by National Office

When meetings are held in the Washington, DC, metropolitan area, the National Office will arrange room rates. If individuals choose to reserve a room on their own, they will not be reimbursed for additional charges above the ASHA-negotiated rate.

Volunteers should notify ASHA meeting staff if they will not be staying for all reserved nights.

Managing the Budget for Committee/Board/Council Expenses

1. Committee Travel Expense

A. Requests for Additional Funds

Additional funds for face-to-face meetings for either the full committee or a subcommittee will be considered by the Board of Directors (BOD) in accord with the following principles and procedures: (1) Each request for an additional meeting of a committee must include a description of workload requested compared with the workload that served as the basis for the original budget allocation; (2) Each request must demonstrate/justify the time-sensitive nature of the request by stating why the additional workload has occurred and why it could not be incorporated into the next regularly scheduled meeting or conducted via subcommittee work or via conference call. For information about specific meal and incidental expense allowances and other travel policies, see American Speech-Language-Hearing Association Travel Policies, **Appendix C**.

B. Spending of Any Committee Budget Excess

Committees may spend funds only for the level of activities that was approved (e.g., number of face-to-face meetings or conference calls).

C. Site of Meeting

The Vice President for Finance, in conjunction with the Executive Director, will choose the sites for face-to-face meetings. Only they have the authority to approve sites for committee meetings. Most often, the National Office will be selected as the site. Sites other than the National Office are selected primarily on the basis of cost savings.

D. Public Members

Public members shall be paid a daily honorarium, the amount of which the BOD shall review every 5 years, as well as travel and other expenses incurred by the individual while discharging responsibilities directly related to the Association.

E. NSSLHA

Association policy states that NSSLHA members may attend ASHA committee meetings as observers and at their own expense. Further, policy authorizes the BOD, via resolution, to appoint a NSSLHA member to any BOD committee and to pay the person's expenses for attendance at the committee meeting. Beginning in 1987, a student representative from NSSLHA was authorized to serve as a member without voting privileges to the Scientific and Professional Education Board, with the Association paying the student's expenses to participate in board

Committee and Board Handbook

meetings except those held on Committee Day. Currently, student representatives also are authorized to serve on the Special Interest Divisions Board of Division Coordinators and the Multicultural Issues Board.

F. Monitoring Officers' Role in Monitoring Budgets and Spending

Monitoring officers and Ex Officios receive a monthly report that summarizes the budget and year-to-date expenditures for the committee(s) that they monitor.

The Vice President for Finance receives monthly reports summarizing activity for the entire OCB budget.

G. Committee Chair/Member Travel to Other-Than-Committee Meeting (Budgeted)

The Chair, with approval of the Monitoring Officer, may request any planned travel through the budget.

H. Committee Members' Unbudgeted Travel to Other-Than-Committee Meetings and/or Other Unbudgeted Expenses

If a critical need arises that has not been budgeted for, the Chair must get permission from the Monitoring Officer, the Vice President for Finance, and the President.

I. Who Is Approved for Committee Travel

Only appointed or elected members and the Monitoring Officer are authorized to travel on committee funds.

J. Liaison Travel

Liaisons abide by ASHA policies and established procedures.

K. Convention Travel

There is no reimbursement of travel expenses associated with the ASHA Convention for any member of the Association, including BOD members (with the exception that BOD members are provided complementary hotel rooms). This policy applies to day(s) before, during, and after convention travel and for attendance at ASHA committee meetings.

NOTE: There is one additional exception per EB 13-2005: The former ASHA Executive Board approved an exception to the policy not to reimburse any member of the Association for lodging and daily expenses associated with the Convention when circumstances dictate that the Board of Ethics must schedule a second Convention meeting date in order to conduct Further Consideration Hearings.

2. Committee Non-Travel Operating Expense

A. Conference Calls

Some committee business is handled by conference call. Costs for conference calls must be included in the annual budget for the committee. Coordination of arrangements is handled by the National Office Ex Officio according to the following procedure:

1. The National Office Ex Officio, with input from the Chair, committee members, and Monitoring Officer, ensures that a time at which the call will take place is established, Eastern Time, and sees that all parties involved are informed.

Committee and Board Handbook

2. The Ex Officio handles details of scheduling conference calls.
3. Members will be provided a toll-free number and a participant passcode that allows them to be placed into the conference call. For groups of six or fewer, the Ex Officio may initiate the call using the conference feature on the office telephone. It is important to carefully read the materials that are e-mailed, mailed, or faxed prior to the call and to be available for the call on time.

B. Consultants

Consultants shall be paid fees as stated in a contract or letter of agreement.

3. Committee and Board-Related Personnel Expense

Requests for personnel support are initiated by a committee Chair. The amount of support required is determined by the Chair, in consultation with the National Office Ex Officio and Monitoring Officer. The request, with appropriate documentation, is then forwarded for inclusion in the budget process.

D. Products of Committees and Boards

Operational Guidelines for the Publication and Distribution of Association Policy Documents

Background

It is critical that ASHA members¹ have the latest information on Association policy to adhere to the *Code of Ethics* and current practice standards and guidelines. Toward that end, ASHA policy documents are distributed as a member benefit according to the following specified operational guidelines.

Operational Guidelines

1. The Association posts on the ASHA Web site all policy or resource documents that the Association has approved, accepted, or revised and any new or revised standards. Documents also may be published elsewhere, which may impact the timing of their posting on the Web site. Such documents include:
 - *Code of Ethics*
 - *Scope of Practice*
 - *Preferred Practice Patterns*
 - Accreditation and certification standards
 - Issues in Ethics statements
 - Position statements
 - Technical reports that support position statements and guidelines, including Evidence-Based Systematic Reviews
 - Guidelines
 - Knowledge and skill statements
 - Other reports (including reports developed by ASHA committees or boards and joint committees on which ASHA participates, documents to which ASHA is a signatory, and technical reports that are not accompanied by a position statement)
2. Announcements about the availability of ASHA documents are made in ASHA communication vehicles (e.g., *The ASHA Leader*, the ASHA home page on the Web, the ASHA headlines e-mail list, ASHA e-zines, e-mail lists). Single copies of documents are available through the ASHA Action Center.
3. From time to time, the Association may choose to receive, accept, or approve a document (e.g., as in the case of some joint committee documents) that deals with areas that are not within ASHA members' primary professional interests or expertise. In such cases, the maker of the resolution specifies what, if any, actions the Association should take in order to publicize or distribute the document (e.g., making an announcement of availability in ASHA communication vehicles, posting information on the Web).

¹ Relative to the distribution of Association documents, certificate holders are covered by the same guidelines as members.

Operational Guidelines for Development of Practice Policy Documents in Audiology and Speech-Language Pathology

Position Statement

Purpose

- Indicates the official position of ASHA on a specific issue or matter.
- Is developed when there is a need to indicate publicly ASHA's official position or stand on an issue or matter that is significant not only to the membership but also to outside agencies or groups.
- Requires preparation of a technical report prior to development of a position statement.
- Is intended for ASHA members, certificate holders, and other interested parties.

Format

- Standard introductory paragraph for position statements (see below)
- Length of typically one to two pages or fewer
- Narrative that includes the rationale, role of the professionals involved, and scope
- Limited references, as needed (with supporting references included in the companion technical report)
- Indication, in a prominent place, that "This position statement is an official policy of the American-Speech-Language-Hearing Association."
- Addressing of cultural competence in practice (Refer to the resource "A Guide for Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents" [p. D-11] or "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents" [p. D-15].)

(Format may be modified based on approval of the monitoring Vice President or the BOD.)

Standard Introductory Paragraph for Position Statements

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of [audiology or speech-language pathology] includes providing services for individuals with _____ . The Preferred Practice Patterns are statements that define universally applicable characteristics of practice. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in [audiology or speech-language pathology] and abide by the ASHA Code of Ethics, including Principle of Ethics II, Rule B, which states "Individuals shall engage in only those aspects of the profession that are within the scope of their competence, considering their level of education, training, and experience." The position statement was developed by the [give name of ad hoc committee or working group]. Members of the group were [list names with chair first and ex officio last]. [Name of vice president], Vice President for [title] [years] served as the monitoring officer. The document was approved by [ASHA's Board of Directors] [resolution number] on [date]. [If the document is a revision or replacement for a previous document that has been rescinded, add: This document supersedes (name of document and year).]

Technical Report

Purpose

- Provides the supporting documentation leading to a position statement.
- Describes the background information, theoretical framework, and principles relating to the topic.
- Defines terminology specific to the topic.
- Sets the scientific foundation for clinical topics, including information about the strength and quality of evidence available, through an Evidence-Based Systematic Review; topics that are professional issues may not be appropriate for an Evidence-Based Systematic Review.
- Reviews the problems and overarching issues pertinent to the topic.
- Is intended for ASHA members, certificate holders, and other interested parties.

Position statements and guidelines should refer to the Evidence-Based Systematic Review provided in the technical report. This review should be used to determine whether or not there is sufficient evidence to support a clinical practice guideline.

Format:

- Standard introductory paragraph for technical reports (see below)
- Introduction to report—what is included, a reference to companion documents (position statement, guidelines, knowledge and skill statements)
- Definition of the topic (terminology); incidence/prevalence data, where applicable
- Historical background (context for topic)
- Pertinent legal and regulatory issues
- Issues, theoretical framework/challenges/rationale/principles
- Overview of scientific foundation and strength and quality of the evidence available for topic, organized by pertinent clinical questions (i.e., an Evidence-Based Systematic Review)
- Summary
- Research directions
- Glossary, as needed (inserted as an appendix at end of document)
- References/resources (in APA style)
- Addressing of cultural competence in practice (refer to the resource "A Guide for Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents" [p. D-11] or "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents" [p. D-15]).

(Format may be modified based on approval of the monitoring Vice President or the BOD.)

Standard Introductory Paragraph for Technical Reports

This technical report was developed by [give name of ad hoc committee or working group] of the American Speech-Language-Hearing Association (ASHA) and approved by ASHA's Board of Directors [give resolution number] on [date]. Members of the group were [list names with chair first and ex officio last]. [Name of vice president], Vice President for [title] [years] served as the monitoring officer. If the document is a revision or replacement for a previous document, which has been rescinded, add: This document supersedes [name document and year].

Guidelines

Purpose

- Presents a recommended set of procedures based on research findings and quality of the evidence available as summarized in the technical report. No particular theory or position is advocated.
- Is developed when there is a need to provide a set of uniform procedures based on evidence that can be applied by members and certificate holders.
- Provides guidance to members and certificate holders when methods, procedures, or new techniques create a significant amount of questions from the membership on how to proceed.
- Specifies the population and practice settings.
- Is based on an Evidence-Based Systematic Review for evaluating the strength and quality of the evidence.
- Nonclinical topics (e.g., professional issues) may not be appropriate for an Evidence-Based Systematic Review.
- Describes ways to perform tasks supported by evidence (e.g., procedures for screening, diagnosis, assessment, program planning, goal setting, management, treatment).
- Represents what is/should be considered “current preferred practice” based on available evidence.
- Provides advisory information separate from the systematic review process related to clinical practice such as service delivery models, training issues, legal and regulatory issues, and so forth.
- Is intended for ASHA members and certificate holders.

Format

- Standard introductory paragraph for guidelines (see below)
- Executive summary (NOTE: This is **required** at the start of guidelines, in accord with LC 18-2000.)
- Introduction to guidelines—what is included, a reference to companion documents (position statement, technical report, knowledge and skills)
- Summary of methodology used in the development of the guidelines, including clinical questions, systematic literature review, and appraisal of the evidence
- Discussion section, making clear the following:
 - Scope of applicability
 - Population
 - Settings
 - Procedures/protocols for clinical responsibilities such as screening, assessment, diagnosis, program planning, goal setting, management, and treatment
 - Intended measurable treatment outcomes
 - Service delivery models
 - Implications for professional development
 - Future research directions
 - References/resources (in APA style)
- Addressing of cultural competence in practice (refer to the resource "A Guide for Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents" [p. D-11] or "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents" [p. D-15]).
- Meets, to the extent possible, the criteria of the Appraisal of Guidelines Research and Education (AGREE) Framework (www.agreecollaboration.org).

(Format may be modified based on approval of the monitoring Vice President or the BOD.)

Standard Introductory Paragraph for Guidelines

This guideline document is an official statement of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of [audiology or speech-language pathology] includes providing services for individuals with _____ . The Preferred Practice Patterns are statements that define universally applicable characteristics of practice. The guidelines within this document fulfill the need for more specific procedures and protocols for serving individuals with _____ across all settings. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in [audiology or speech-language pathology] and abide by the ASHA Code of Ethics, including Principle of Ethics II, Rule B, which states "Individuals shall engage in only those aspects of the profession that are within the scope of their competence, considering their level of education, training, and experience." These guidelines were developed by the [give name of ad hoc committee or working group]. Members of the group were [list names with chair first and ex officio last]. [Name of vice president], Vice President for [title] [years] served as the monitoring officer. The document was approved by [ASHA's Board of Directors] [resolution number] on [date]. If the document is a revision or replacement for a previous document, which has been rescinded, add: This document supersedes [name document and year].

Knowledge and Skills Statements

Purpose

- Describe the knowledge and the set of skills required for a particular area of practice. (NOTE: Use the term "skills" rather than "competencies.") The knowledge and skills in these statements are above and beyond those knowledge and skills that are required under the 2005 speech-language pathology/2007 audiology standards for initial certification
- Intended for ASHA members and certificate holders

Format

- Standard introductory paragraph for knowledge and skills statements (see below)
- Introduction to knowledge and skill statements—what is included, reference to companion documents (position statement, technical report, guidelines)
- Summary of roles and responsibilities of professionals as delineated in the position statement, when applicable
- Knowledge needed to fulfill each role
- Skills needed to fulfill each role (option to list all knowledge statements related to a role first and then all skill statements related to that role or to alternate a knowledge and a skill statement for each role)
- Glossary (as appropriate)
- References/resources (in APA style)
- Addressing of cultural competence in practice (refer to the resource "A Guide for Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents" [p. D-11] or "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents" [p. D-15]).

(Format may be modified based on approval of the monitoring Vice President or the BOD.)

Standard Introductory Paragraph for Knowledge and Skill Statements

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of [audiology or speech-language pathology] includes providing services for individuals with _____ . The Preferred Practice Patterns are statements that define universally applicable characteristics of practice. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in [audiology or speech-language pathology] and abide by the ASHA Code of Ethics, including Principle of Ethics II, Rule B, which states: "Individuals shall engage in only those aspects of the profession that are within the scope of their competence, considering their level of education, training, and experience." The knowledge and skill statement was developed by [give name of ad hoc committee or working group]. Members of the group were [list names with chair first and ex officio last]. [Name of vice president], Vice President for [title] [years] served as the monitoring officer. The document was approved by [ASHA's Board of Directors] [resolution number] on [date]." If the document is a revision or replacement for a previous document, which has been rescinded, add: This document supersedes [name document and year].

Suggested Document Titles

Roles and Responsibilities of [Audiologists or Speech-Language Pathologists] Serving Individuals With [Disorder]: List Document Type

Service Delivery by [Audiologists or Speech-Language Pathologists] for Individuals With [Disorder]: List Document Type

Service Delivery by [Audiologists or Speech-Language Pathologists] for Individuals in [Setting Type]: List Document Type

Service Delivery by [Audiologists or Speech-Language Pathologists] for Individuals Using [Technique or Instrument Type]: List Document Type

Principles for [Audiologists or Speech-Language Pathologists] Serving Individuals With [Disorder]: List Document Type

NOTE: From time to time, the monitoring Vice President may authorize the development of a different type of document. However, the intent is for documents to conform to one of the four types described above (considered a "family of documents"). The introductory paragraph may need to be modified to reflect the work of a joint committee.

ASHA's Process for Developing Practice Policy Documents

1. ASHA develops a variety of practice policy documents: scope of practice, preferred practice patterns, technical report, position statement, guidelines, and knowledge and skills statements.
2. On the basis of input from members, volunteer leaders, staff, and external audiences, a decision is made to create or revise a practice policy document or report, most typically through one of the following ways:

The Board of Directors appoints a committee, working group, or task force and specifies:

- the charge to and duration of the appointed group;
 - whether or not it is to work in partnership with one or more of the ASHA Special Interest Divisions (i.e., working group);
 - the level of ASHA funding allocated to support the group's work.
3. Decisions on creating or revising practice policy documents, regardless of the initiator of the topic, are based on the availability of ASHA resources to complete the project in a timely manner (i.e., availability of staff to serve as ex officio, number of projects currently ongoing, impact and urgency of policy issue).
 4. In all cases, a staff contact person or ex officio (usually from the professional practices units—audiology, multicultural affairs, or speech-language pathology) is assigned as a member of the committee to provide consultation and logistical support to the committee.
 5. Committees may conduct their work through a variety of means such as conference calls, electronic communication, and face-to-face meetings. One aspect of their work involves a thorough identification and review of related resources, including but not limited to peer-reviewed journals, textbooks, graduate program curricula, professional standards, public policy, outcomes data, and expert opinion.
 6. The committee develops a draft document/proposed revision.
 7. In order to infuse cultural competence into clinical interactions in speech-language pathology and audiology practices, operational guidelines were developed that complement and enhance the steps involved in the development of policy documents. These operational guidelines, "A Guide for the Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents" (p. D-11) and "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents" (p. D-15), should be used to facilitate the infusion of appropriate and current cultural considerations into the family of documents that are developed in the discipline.
 8. The draft document/proposed revision undergoes professional editing.
 9. The draft document/proposed revision undergoes peer review (usually an online process). Whereas peer review is required for all policy documents, it is optional for technical reports because they are not official policies. (See the chart on page D-9 for peer review requirements.)

Types of peer review:

- Select peer review—the draft document/proposed revision is sent to a targeted, select set of individuals with acknowledged subject-matter expertise
- Widespread peer review—the availability of the draft document/proposed revision is announced widely to the ASHA membership via announcements in *The ASHA Leader* publication going to all ASHA members, produced 16 times per year), on the ASHA Web site, and in messages to e-mail distribution lists.

The above peer review processes may be conducted concurrently or sequentially based on the judgment of the group that developed the draft document/proposed revisions regarding the value of having the draft document/proposed revisions reviewed by other experts for further refinements prior to widespread peer review.

Committee and Board Handbook

Members of Advisory Councils are encouraged to participate in the peer review process. The availability of a draft document/proposed revision for review is announced to the Advisory Councils via their group e-mail lists.

10. A structured peer review form is provided for reviewers to use in submitting their comments online. Peer review comments are compiled and sent to the committee working on the document/revision. The committee is responsible for considering every comment and either incorporating it into the final version of the document or having a justification as to why the comment is not reflected in the final version of the new/revised document.
11. Prior to the BOD approving a policy document, the document will be submitted to the Advisory Councils for final review and comment. The final version of the new/revised document is submitted with a resolution to the BOD for approval.
12. The ASHA membership is informed that the final version of a practice policy document has been submitted for consideration by the BOD via the same announcement mechanisms listed in #9 of this bulleted list.
13. Following approval, practice policy documents are disseminated to the ASHA members by an online posting to the ASHA Web site or by informing members via the ASHA Headlines e-mail list that such documents are available upon request.

**Documents/Products of Committees, Boards, Councils,
Working Groups, and Task Forces**

Document/Product				DISPOSITION	
	Approval or Acceptance	Peer Review	Policy	Distribution	Publication *
Position Statements	BOD	Yes	Yes	Members/related professionals	Yes
Guidelines	BOD	Yes	Yes	Members	Yes
Reports and Papers Progress/Activity Report Technical Report Annual Report Other Committee Products (non-policy)	VP BOD VP VP/BOD	No Optional No No	No No No No	Not defined Members VP, BOD Not defined	Optional Yes Optional Optional
Knowledge and Skills Statements	BOD	Yes	Yes	Members	Yes
Scopes of Practice	BOD	Yes	Yes	Members/related professionals	Yes
Preferred Practice Patterns	BOD	Yes	Yes	Members	Yes
Product of Joint Committees	BOD	Depends on product	Depends on product	Members/related professionals	Yes
Issues in Ethics Statements	BOD	Depends on statement	Depends on statement	Members	Yes
* Determined by designated approval/acceptance body.					

(2008)

Evaluating Assessment or Treatment Programs, Products, or Procedures

ASHA does not typically evaluate assessment or treatment programs, products, or procedures. Any determination to support or oppose a particular program, product, or procedure is to be made by the Association's governing body. The National Office staff provides objective, factual technical information to assist members in making their own evaluations. The report, "Evaluating Assessment or Treatment Programs, Products, or Procedures," is included as **Appendix F** of this Handbook.

What Does This Mean?

- National Office staff do not provide evaluation, approval, or endorsement of any materials, programs, courses, and so forth.
- Acceptance of corporate partnership and the distribution of products do not imply ASHA endorsement.
- Circumstances may arise that necessitate additional action, including the Association making a decision to support/not support.
- Groups should not endorse specific commercial products.

How Do We Reconcile This Stance With the Continued Need for Evidence-Based Practice?

As indicated in **Appendix F** in this Handbook, ASHA policy documents are to be evidence based. The Advisory Committee on Evidence-Based Practice has adopted a system of levels of evidence for the Association. In addition, the Committee has developed a systematic approach to review of evidence.

A Guide for Infusion of Appropriate Multicultural Practice Information Into Audiology Practice Documents²

Working Group: Multicultural Issues in Audiology

May 2005

Every clinical interaction involves a cultural exchange between client, family, caregiver, and clinician. The American Speech-Language-Hearing Association (ASHA) has a longstanding commitment to high standards of service delivery provided by certified members. During the period 2001–2003, the Association directed resources and personnel toward this goal through establishing a number of focused initiative strategies directed to enhance service delivery by addressing issues related to multiculturalism. Support of the Focused Initiative: Culturally and Linguistically Diverse Populations continued in 2004. As noted in the document, *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services*,³ every clinician has a culture, just as every client/family has a culture.

In an attempt to support the concept and practice of infusion of multicultural competence into clinical interactions in audiology, this document has been developed to provide guidance to ASHA boards, committees, and working groups as they create or revise ASHA policy documents related to service delivery in audiology. The document was developed to outline a process that complements and enhances the various steps already in place for ASHA volunteers and National Office staff to use in the development of policy documents. Although this document is complementary to other resources, it is an essential guide to infusion of appropriate and current multicultural considerations into the discipline's family of documents and mirrors the document, "A Guide for Infusion of Appropriate Multicultural Practice Information Into Speech-Language Pathology Practice Documents."⁴

Several important considerations have framed the development of this document:

- Multicultural considerations must be integrated into each step of the document development process. Infusion begins with the decision to develop or revise a document and continues through appointing of committee members, researching the content area, drafting the document, conducting peer review, and finalizing the proposed document.
- Document developers should be as inclusive as possible in addressing cultural and linguistic diversity in all areas of practice. Developers should use a broad approach to information collection across the continuum of the levels of available evidence to guide multicultural consideration.
- Groups working on audiology document development need to become aware of appropriate methods for infusion of multicultural information. Additionally, groups need to consider approaches to practice policy development that include understanding their own cultural experiences and backgrounds, recognizing the influence this background contributes to their attitudes and perspectives. In the course of document development, groups may wish to use processes that highlight the unique backgrounds and experiences of group members, using facilitators with multicultural expertise where appropriate.

² Roberta Aungst (vice president for professional practices in audiology, 2004–2006), Margie R. Crawford, Robert C. Fifer, Ronald C. Jones, Briseida Northrup, Diane M. Scott (chair), with contributions from ASHA staff members Karen Beverly-Ducker and Evelyn Williams.

³ American Speech-Language-Hearing Association. (2004). *Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services*. Available from www.asha.org/policy.

⁴ Coordinating Committee, 2000–2002 ASHA Vice President for Professional Practices in Speech-Language Pathology. (September 2002). A guide for infusion of appropriate multicultural practice information into speech-language pathology practice documents.

- Multicultural infusion is a comprehensive, dynamic, and ongoing process. Just as practice evolves, so too does the influence of culture on practice, and it is critical to systematically and routinely re-evaluate the impact of cultural variables on service delivery. The integration of multicultural issues in the development or revision of documents will not in and of itself achieve multicultural infusion, but is a key step toward cultural competence.

**Processes to Achieve Infusion of Multiculturalism in the
Development or Revision of Audiology Practice Policy Documents**

A. Formation of the committee or working group

1. The charge to the committee or working group specifically includes addressing the needs of culturally and linguistically diverse populations.
2. Identification or appointment of committee/working group members addresses the need for specialized expertise in serving culturally and linguistically diverse populations (as member or consultant).
3. The initial calibration and workings of the committee/working group include discussing the charge of the group and ASHA's commitment and expectations related to multicultural infusion. Each committee/working group member receives a copy of the document *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services*.
4. In the group's calibration activities, appropriate exercises invite the members (a) to share information and perspective related to their own culture in order to raise awareness of the importance of cultural competency, and (b) share information about their respective areas of expertise and potential contributions to the document, including multiculturalism.
5. The group reviews and discusses the document *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services* in relationship to its work.
6. Initial discussions include the influence of cultural and linguistic factors on service delivery in the particular area of clinical practice addressed in the document.

B. Drafting of the document

1. The group discusses multicultural implications related to the intended purpose, content, and audience(s) of the document.
2. Include terminology that is consistent with the *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services* document.
3. In conducting a literature search to identify current evidence related to the area of clinical practice, particular attention is given to levels of evidence available related to practice and research involving diverse populations. Specific sources for review are emic and etic research (see Appendix for information regarding research options). Supporting evidence should be cited in the body of the document and included in the reference section.
4. Examples of content considerations:
 - use of an ethnographic approach in assessing and addressing the strengths, preferences, and needs of individual clients
 - the influence of familial factors (e.g., cultural background, composition and communication roles, language(s) continuum, belief systems, education and literacy, acculturation continuum, migration history and patterns) on service delivery
 - variations in incidence and prevalence across populations
 - language and/or cultural mismatch between client/family/caregiver and clinician
 - whether the content is supported by appropriate and current research
 - content addresses variations of service delivery (e.g., methods, options, desired outcomes) based on cultural factors, access, and socio-economic status

Committee and Board Handbook

- appropriate assessment tools and methods across populations and the effects of test bias
 - appropriate treatment tools and methods across populations
 - providing information about ASHA multicultural resources and other sources of multicultural information related to this area of clinical practice
5. Does the document reflect the “state of the art” and evidence on multicultural issues?

C. Peer Review

1. Include select peer reviewers with expertise in multicultural issues.
2. Consider including individuals from the Multicultural Issues Board, Special Interest Division 14: Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations, and the Multicultural Constituencies (i.e., Asian-Indian Caucus; Asian-Pacific Islander Caucus; Hispanic Caucus; Lesbian, Gay, Bisexual Audiologists and Speech-Language Pathologists; National Black Association for Speech-Language and Hearing; Native American Caucus)
3. Peer review form should include specific questions to elicit feedback regarding the multicultural aspects of the document. Examples of specific questions include:
 - Does the document incorporate an ethnographic approach to assessment?
 - Does the document reflect current multicultural research related to the area of clinical practice?
 - Has relevant multicultural information been overlooked?
 - Does the document include any stereotypes?
 - Does the document promote cultural competence?

Research Options

Emic research refers to information and observations constructed to reflect as far as possible the client (target) population's own vocabulary, conceptual categories, language of expression, and cultural belief system. To collect emic data, it is usually necessary to use the local language or dialect and gather information in a very open-ended, nondirective way. An emic perspective is from the "native's point(s) of view" without imposing the researcher's own conceptual frameworks.

Etic research refers to information collected in terms of the conceptual system, categories, research observations, data, and definitions of "outsiders" (e.g., the health professionals). For example, if we collect data using a scientific definition of xerophthalmia, these data would be considered etic.

Focused ethnographic study (FES) is the use of a clearly specified set of structured ethnographic information-gathering techniques in a relatively short-term study of a health issue or topic, usually for a specific applied purpose.

A Guide for Infusion of Appropriate Multicultural Practice Information into Speech-Language Pathology Practice Documents

Coordinating Committee, 2000–2002 ASHA Vice President for Professional Practices in Speech-Language Pathology⁵

September 2002

Every clinical interaction involves a cultural exchange between client/family and clinician. The American Speech-Language-Hearing Association (ASHA) has a longstanding commitment to high standards of service delivery provided by certified members. During the period 2001–2003, the Association has directed resources and personnel toward this goal through establishing a number of focused initiative strategies directed to enhance service delivery by addressing issues related to multiculturalism. As noted in the document, *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists Providing Culturally and Linguistically Competent Services to All Clients/Patients*, every clinician has a culture, just as every client/family has a culture.

In an attempt to support the concept and practice of infusion of multicultural competence into clinical interactions in Speech-Language Pathology, this document has been developed to provide guidance to ASHA Boards, Committees, and Working Groups as they create or revise ASHA policy documents related to service delivery in Speech-Language Pathology. The document was developed to outline a process that complements and enhances the various steps already in place for ASHA volunteers and National Office staff to use in the development of policy documents. Although this document is complementary to other resources, it is an essential guide to infusion of appropriate and current multicultural considerations into the family of documents that are used by ASHA members.

Several important considerations have framed the development of this document:

- Multicultural considerations must be integrated into each step of the document development process. Infusion begins with the decision to develop or revise a document and continues through appointing of committee members, researching the content area, drafting the document, conducting peer review, and finalizing the proposed document.
- Document developers should be as inclusive as possible in addressing cultural and linguistic diversity in all areas of practice. Developers should use a broad approach to information collection across the continuum of the levels of available evidence to guide multicultural consideration.
- Groups working on speech-language pathology document development need to become aware of appropriate methods for infusion of multicultural information. Additionally, groups need to consider approaches to practice policy development that include understanding their own cultural experiences and backgrounds, recognizing the influence this background contributes to their attitudes and perspectives. In the course of document development, working groups may wish to use processes that highlight the unique backgrounds and experiences of group members, using facilitators with multicultural expertise where appropriate.
- Multicultural infusion is a comprehensive, dynamic, and ongoing process. Just as practice evolves, so too does the influence of culture on practice, and it is critical to systematically and routinely re-evaluate the impact of cultural variables on service delivery. The integration of multicultural issues in the development or revision of documents will not in and of itself achieve multicultural infusion, but is a key step toward cultural competence.

⁵Tausha Beardsley, Li-Rong Lilly Cheng, Vicki Deal-Williams (consultant), Debra Garrett, Alex Johnson (chair), Arlene Pietranton (ex officio), Carmen Vega-Barachowitz, Christine Vining, with contributions from ASHA staff members Joanne Jessen and Karen Beverly-Ducker

Processes to Achieve Infusion of Multiculturalism in the Development or Revision of Speech-Language Pathology Practice Policy Documents

A. Formation of the committee or working group

1. The charge to the committee or working group specifically includes addressing the needs of culturally and linguistically diverse populations.
2. Identification or appointment of committee/working group members addresses the need for specialized expertise in serving culturally and linguistically diverse populations (as member or consultant).
3. The initial calibration and workings of the committee/working group include discussing the charge of the group and ASHA's commitment and expectations related to multicultural infusion. Each committee/working group member receives a copy of the document *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists Providing Culturally and Linguistically Competent Professional Services to All Clients/Patients*.
4. In the group's calibration activities, appropriate exercise(s) invite the members (a) to share information and perspective related to their own culture in order to raise awareness of the importance of cultural competency, and (b) share information about their respective areas of expertise and potential contributions to the document, including multiculturalism.
5. The group reviews and discusses the document *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists Providing Culturally and Linguistically Competent Professional Services to All Clients/Patients* in relationship to its work.
6. Initial discussions include the influence of cultural and linguistic factors on service delivery in the particular area of clinical practice addressed in the document.

B. Drafting of the document

1. The group discusses multicultural implications related to the intended purpose, content, and audience(s) of the document.
2. Include terminology that is consistent with the *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists Providing Culturally and Linguistically Competent Professional Services to All Clients/Patients* document.
3. In conducting a literature search to identify current evidence related to the area of clinical practice, particular attention is given to levels of evidence available related to practice and research involving diverse populations. Specific sources for review are emic and etic research (see Appendix for information regarding research options). Supporting evidence should be cited in the body of the document and included in the reference section.
4. Examples of content considerations:
 - use of an ethnographic approach in assessing and addressing the strengths, preferences, and needs of individual clients
 - the influence of familial factors (e.g., cultural background, composition and communication roles, language(s) continuum, belief systems, education and literacy, acculturation continuum, migration history and patterns) on service delivery
 - variations in incidence and prevalence across populations
 - language and/or cultural mismatch between client/family and clinician
 - whether the content is supported by appropriate and current research
 - does the content address variations of service delivery (e.g., methods, options, desired outcomes) based on cultural factors, access, socio-economic status
 - appropriate assessment tools and methods across populations and the effects of test bias
 - appropriate treatment tools and methods across populations
 - providing information about ASHA multicultural resources and other sources of multicultural information related to this area of clinical practice
5. Does the document reflect the "state of the art" and evidence on multicultural issues?

C. Peer Review

1. Include select peer reviewers with expertise in multicultural issues.
2. Consider including individuals from the Multicultural Issues Board, Special Interest Division 14, and the Multicultural Constituencies (i.e., Asian-Indian Caucus; Asian-Pacific Islander Caucus; Hispanic Caucus; Lesbian, Gay, Bisexual Audiologists and Speech-Language Pathologists; National Black Association for Speech, Language and Hearing; Native American Caucus)
3. Peer review form should include specific questions to elicit feedback regarding the multicultural aspects of the document. Examples of specific questions include:
 - Does the document incorporate an ethnographic approach to assessment?
 - Does the document reflect current multicultural research related to the area of clinical practice?
 - Has relevant multicultural information been overlooked?
 - Does the document include any stereotypes?
 - Does the document promote cultural competence?

Research Options

Emic research refers to information and observations constructed to reflect as far as possible the client (target) population's own vocabulary, conceptual categories, language of expression, and cultural belief system. To collect emic data, it is usually necessary to use the local language or dialect and gather information in a very open-ended, nondirective way. An emic perspective is from the "native's point(s) of view" without imposing the researcher's own conceptual frameworks.

Etic research refers to information collected in terms of the conceptual system, categories, research observations, data, and definitions of "outsiders" (e.g., the health professionals). For example, if we collect data using a scientific definition of xerophthalmia, these data would be considered etic.

Focused ethnographic study (FES) is the use of a clearly specified set of structured ethnographic information-gathering techniques in a relatively short-term study of a health issue or topic, usually for a specific applied purpose.

Instructions for Completing the Resolution Form

NOTE: All items must be completed before the resolution form is submitted to the Board of Directors.

PAGE 1

- a. Abstract: Write a statement of the action addressed in the resolution.
- b. Document Changes: self explanatory.
- c. Resolution Text: Type resolution on the numbered lines on this form.

RESOLVED, That ; and further

RESOLVED, That

PAGE 2

- d. Prepare the RATIONALE statements. Also, if appropriate, indicate the Board officer who supports the resolution.
- e. Resolution Contact Designee: Indicate person who can be contacted if there is a question about the resolution.
- f. Submitted to Board of Directors by: Show the individual or group (member, officer, committee, board) submitting the resolution to the Board of Directors.
- g. Acted Upon: If the resolution was acted upon by a committee, board, or other group, indicate the name of the group and the results of the vote.

PAGE 3 (Part II)

- A. Abstract: Repeat abstract as it appears on page 1 of the resolution.
- B. Financial Data: Provide the required financial data/information. The Budget information comes from Part III of the resolution form (page 4).
- C. Budget Impact: Indicate revenue to be received and/or expenses to be incurred if the resolution is approved.
- D. Fiscal Projection: Provide the revenue and expense data/information for two budget years, if appropriate.

PAGE 4 (Part III)

Complete Part III of the resolution form and transfer necessary information to page 3 of the resolution form. See the instructions for completing Part III attached to the resolution form.

COMMITTEE AND BOARD HANDBOOK
APPENDIX A
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

ASHA RESOLUTION FORM: PART I

Page 2 of 10

A. *Abstract:*

B. *Document Changes:*

- ASHA Bylaws
- BOD Operational Procedures
- Code of Ethics
- No change needed

Resolution No.:		
Adopted:	Lost:	
Referred to:		
Other:		
Aye	No	Abstain
File No.:		

C. *Resolves (use numbered lines only):*

1 **RESOLVED**, That

2

3

4

5

6

(Continued, next page)

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

D. Rationale (Statement telling why this resolution was prepared. Indicate issue of concern. Include reference to related policies.):

E. Resolution Contact Designee:

Name: _____ Phone: _____

E-mail: _____ FAX: _____

F. Submitted To: Board of Directors By: _____

Date: _____

G. Acted upon by: _____ Date: _____

Acted upon by: _____ Date: _____

Ratified by: _____ Date: _____

Aye	No	Abstain

(Continued, Part II – Budget, next page)

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

ASHA RESOLUTION FORM: PART II – BUDGET

A. Abstract (same wording from Part I.A.):

B. Financial Data:

1. Budget Year: _____
2. In budget for specified year? Yes No
3. If yes, source of funds (program) and amount: _____ \$ _____
4. If not in budget, source of funding and amount: _____ \$ _____
5. Continuing in future years? Yes No

C. Budget Impact:

Estimated Revenue: \$ _____ [Ttl. Est. Rev.]
Estimated Expense: \$ _____ [Line 3 - Ttl. Dir. Exp.]
Estimated Net: \$ _____ [Rev. - Exp.]

D. Fiscal Projection:

Specify Year (e.g., 2009):	1 st Year: 2009	2 nd Year: 200
Revenue:	\$ _____	\$ _____
Expense:	\$ _____	\$ _____

(Continued, Part III – Budget Worksheet, next page)

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

ASHA RESOLUTION FORM: PART III – BUDGET WORKSHEET

A. Revenue (specify source from which this activity will generate revenue including, where applicable, the number of estimated attendees and registration rate; the sale price of a resulting publication, etc.):

	\$	
	\$	
	\$	
	\$	
Total Estimated Revenue (Ttl. Est. Rev.):	\$	

B. Expense:

1. Non-Personnel Expense – Direct

a. Equipment/Space Rental	\$	
b. Office supplies (excluding printing)	\$	
c. Reproduction costs	\$	
d. Printing costs, including composition/art.....	\$	
e. Postage and handling	\$	
f. Telephone.....	\$	
g. Travel	\$	
h. Professional services (specify).....	\$	
i. Data processing	\$	
j. Workshop expenses	\$	
k. Evaluation expenses.....	\$	
l. Other (specify)	\$	
m. TOTAL NON-PERSONNEL EXPENSE–DIRECT (Add Lines a. through l.).....	\$	

2. Personnel Expense

a. Incumbent Staff	\$	
b. Additional Staff	\$	

3. TOTAL DIRECT EXPENSE (Ttl. Dir. Exp. – Budget Impact)

ADD LINES 1.m. AND 2.b.	\$	
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National Office staff is available to members to assist in completing PART III

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

Instructions for ASHA Resolution Form: Part III – Budget Worksheet

Revenue: Follow the instructions on the Part III – Budget Worksheet.

Total Estimated Direct Non Personnel Expense and Personnel Expense should be calculated as follows:

A list of items that could comprise Non Personnel Expense—Direct (1.) is given. Estimate the cost involved for each item listed. If a more detailed expense breakdown is desired, attach a separate schedule to this form, but show the total of each separate schedule on the front of this form.

[NOTE: Under Non Personnel Expenses—Direct, when estimating printing costs (Line d.) please note that the approximate cost for producing one typeset page, which roughly equals three typewritten pages, is \$650.]

In calculating Personnel Expense (2.), distinguish between personnel already working with ASHA (a. Incumbent Staff), who are expected to use some or all of their time on the proposed program/activity, and personnel who must be newly hired (b. Additional Staff) on either a permanent or temporary basis to complete the project. Estimate Personnel Expense by:

- (1) selecting from the following classification levels:

Executive Director - \$1,600
Chief Staff Officer - \$870
Service Cluster Leader - \$580
Home Team Leader - \$400
Home Team Member - \$285

- (2) determining how many in each classification will be required;
- (3) estimating the number of days required;
- (4) multiplying the number in each classification by the daily rate indicated above by the number of days required; and
- (5) adding all of the above and entering in Line a. (Incumbent Staff) or Line b. (Additional Staff).

Transfer from the Budget Worksheet the Revenue (Ttl. Est. Rev.) and Expense (Line 3-Ttl. Dir. Exp.) to the Budget Impact section (C.) of Part II – Budget.

If revenue and expense varies from year to year, you may wish to prepare a separate Part III-Budget Worksheet for each of the first two years of activity related to the resolution. Resolutions affecting only one year will require one Budget Worksheet.

Transfer summary descriptions and data from each Budget Worksheet to the Fiscal Projection section (D.) of Part II-Budget: Year one summary descriptions and data should be transferred to the column "1st Year." Data from additional Budget Worksheets should be summarized in the column, "2nd Year."

NOTE: National Office ex officios are responsible for completing PARTS II and III in consultation with committee/board chairs. Members needing assistance may call the National Office at 301-296-5700 and speak with the Director of Budget and Pensions.

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

Guide to Completion of “Part III—Budget Worksheet”

ASHA Resolution Form

Introduction

The most important aspect of a resolution is the merit of the resolution itself. However, financial considerations require a standardized sense of the budget implications to be displayed when presenting a resolution for adoption.

Budget impact is expense ASHA would not incur, or revenue ASHA would not receive, in the absence of this resolution.

“Part III” of the ASHA Resolution Form has been developed to display this information. What follows is designed to assist the author(s) of a resolution in completing “Part III,” then transferring that information properly to “Part II” of the ASHA Resolution form.

Should further assistance be needed, please contact the National Office ex officio for your Committee/Board first (where applicable); then, if necessary, the Director of Budget and Pensions. Individual members wishing to submit a resolution on their own, which they believe will have financial impact, may contact the Director of Budget and Pensions at 301-897-5700 for assistance.

Revenue

Indicate any estimated revenue you believe will be generated from the adoption of your resolution by description and amount in the upper portion of “Part III.”

Examples:

- (a) If attendees will pay a fee for an event, estimate the number of attendees and multiply that number by the proposed registration fee to arrive at estimated revenue.
- (b) If a publication is to be developed for sale, estimate the number of copies which are to be sold and multiply that number by a suggested selling price for each unit.

Add all described estimated revenue sources to arrive at the total Estimated Revenue to be shown as the final line in the Revenue section in the upper portion of “Part III.”

If No Revenue Is To Be Generated, Enter Zero [0] On The Total Estimated Revenue Line.

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

Expense

There are two major elements of expense: (1) Non personnel Expense-Direct; and (2) Personnel Expense-Direct. These are respectively identified as B.1 and B.2 "Part III" and are to be considered in arriving at the expense related to a resolution.

1. NON PERSONNEL EXPENSES – DIRECT

For this section of "Part III," a list is presented for the types of expenses which are most often incurred. Not all items will necessarily be used, but the list is to prompt thinking about relevant costs to carry out the resolution.

Comments appear below on each item listed in B. Non-Personnel Expense-Direct (a-l).

B.1.a. Equipment/Space Rental

Enter here any amount for special equipment (overhead projectors, copiers, etc.) which may be necessary within the scope of the resolution; or for rental space (meeting rooms, special sites, etc.).

B.1.b. Office supplies (excluding printing)

Enter here any special supplies which may be required specifically to carry out the intent of the resolution (notebook covers, special kinds of paper, or any similar item which must be acquired to enable the implementation of the resolution to occur).

B.1.c. Reproduction Costs

Enter here your best estimate for (non-commercially produced) preliminary; intermediate; and final products contemplated in terms of total pages involved. Use \$.03 per page to develop the costs to produce the project material for one individual; then multiply that times the number of copies required to carry out the resolution's intent.

B.1.d. Printing costs, Including Composition, Art, etc.

Enter here any costs for commercial printing that may be required to implement the resolution. This includes any costs for typesetting, composition, artwork, graphics, publication house printing, etc.

For publication in the *ASHA Leader* estimate \$650 per published page. Estimate one published page in the *ASHA Leader* for each four (4) pages of double-spaced typed copy submitted.

B.1.e. Postage and Handling

Enter here your best estimates for postage and handling costs which will be incurred by the Association as a result of implementation of the resolution. Be sure to consider, for example, if pre-meeting mailings will be required (how many mailings; to whom; to how many; what size will mail piece be (notebooks, "kits," letters); and the same for post-meeting mailings.

The United States Postal Service (USPS) currently charges \$.42 standard First Class for the first ounce, with each additional ounce up to 11 costing an additional \$.23 increment.

United Parcel Service (UPS) is available for packages weighing up to 70 pounds and not over 108 inches (length and girth combined). Only UPS ground services are used by ASHA. Use \$3.69 as an average cost for this service for the first pound (about 60 pages).

B.1.f. Telephone

Enter here your best estimate for direct telephone expenses which will be incurred to implement the resolution. Conference calls, if required, should be estimated at \$30 per person per hour. Long distance calls between the National Office ex officio and a Committee/Board chair (or members) should be estimated at \$3 for each 3-minute long-distance call.

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

B.1.g. Travel

You may use the following to arrive at travel expenses for each contemplated meeting at the National Office (approved meetings at other sites may require different rates)*:

Per meeting:	No. of days	X	Rate	X	No. of persons	=	Total
Lodging/meals for meetings at the National Office (\$165 + \$60)	_____	X	\$225	X	_____	=	_____
Out of town meetings (\$190-\$220 + \$60)	_____	X	_____	X	_____	=	_____
Air Fare/Ground Trans. – multiply by number of meetings	N/A		<u>\$575</u>	X	_____	=	_____
Total Travel:							\$_____

B.1.h. Professional Services (Specify)

Indicate here the specific type of special professional services which will be required for resolution implementation (consultant, attorney, accountant, etc.) and the **total** expense related to obtaining the necessary services. Be sure to include the related fee and all other incidental expenses for which payment must be made, including all of the professional’s travel expenses. **Do not combine any expenses for which the professional must be paid with other line items in 1.**

B.1.i. Data Processing

Enter here your best estimate for special data processing requirements necessary to implement the resolution. Be sure to include estimates for data editing (coding and formatting), data entry, data verification, data documentation, programming, statistical analysis, systems design (testing and debugging), software package purchases, and report generation.

B.1.j. Workshop Expenses

Workshop expenses frequently require the **detailing** of expenses other than those listed in this section of “Part III.”

B.1.k. Evaluation Expenses

This is for data collection and analyses.

B.1.l. Other (Specify)

Enter here any expenses which cannot be properly classified in the above categories, but which are necessary for the implementation of the resolution. Please describe the nature of those expenses on the lines provided.

B.1.m. Total Non Personnel/Direct

This is the sum of B.1.a. through B.1.l.

B.2. Personnel Expense

It is important that an estimate be made as to personnel requirements for the implementation of the resolution and to indicate whether these requirements can be met by current National Office staff (Incumbent Staff), or if additional staff—either on a temporary or permanent basis—must be employed to carry out the resolution.

COMMITTEE AND BOARD HANDBOOK
APPENDIX A

Implementation of a resolution will generally require personnel time from one or more of the five classifications of National Office personnel, which are indicated below. For resolution development purposes, a daily rate has been included for each classification. The indicated rate includes a standardized tax/fringe benefit allocation.

Classification	Daily Rate
20 Executive Director	\$1,600
17 Chief Staff Officer	\$870
13 Service Cluster Leader	\$580
10 Home Team Leader	\$400
7 Home Team Member	\$285

Your estimate of National Office staff time should appear on Line B.2.a, "Incumbent Staff."

Additional Non-National Office staff on a temporary basis may be estimated at \$20 per hour and should appear on line B.2.b, Additional Staff.

For estimated costs for additional salaried staff, contact Human Resources.

3. Total Direct Expense

Enter here the sum of Lines B.1.m and B.2.b.

Completion of Financial Data Section on "Part II, Section C"

- (a) Transfer total Estimated Revenue from Part III to "Part II, Section C," on the line that is identified as "Estimated Revenue". IF NO REVENUE IS TO BE GENERATED, ENTER ZERO [0] ON THE "ESTIMATED REVENUE" LINE. Also, transfer it to "Part II, Section D. Fiscal Projection Revenue."
- (b) Transfer Total Direct Expense from Part III-Line 3 to "Part II, Section C," on the "Estimated Expense" line. Also transfer it to "Section D, Fiscal Projection, Expense."
- (c) In "Part II, Section C," subtract the figure you have entered for "Estimated Expense" from the figure you entered as "Estimated Revenue." The result is the "Estimated Net". Use parentheses around the resulting net figure if the expense figure is larger than the revenue figure. That figure indicates the estimated budget impact that would result from implementation of the resolution.
- (d) On "D. Fiscal Projection," indicate the 1st and 2nd years of the resolution, then the estimated revenue and expense for each of those years.

Attach the completed "Part III" to "Part II" of the resolution, and proceed as outlined for resolution submission in the "Committee and Board Handbook."

Assistance is available from the national office in the completion of parts II and III. For committee/board members, the national office ex officio should be the initial contact. For all other members, the director of budget and pensions may be contacted at 301-296-5700.

Style Sheet for Resolutions

Resolutions are Discrete Entities.

The body of any resolution must be able to stand alone. After you have completed a resolution packet, read the "Resolved" section separately. Make certain it is not dependent on information preceding or following it.

Wording of the Resolution

The statement in the Abstract should be grammatically correct.

Incorrect. Approval of funds for workshop on stuttering.

Correct. Approve funds for a workshop on stuttering.

NOTE: Do *not* put a period after the abstract statements on pages 1 and 3 unless the abstract statement is a complete sentence.

To avoid confusion, the wording of the abstract statements on pages 1 and 3 **must be identical**.

Within the "Resolved" section, do not include "Board of Directors approves"; it is redundant.

All information requested on Part I should be completed, except for the box headed "Resolution Number."

"Submitted ... by. . ." should be a title, not a name.

Names of associations

Spell out the name of an association the first time it is used. Follow with the acronym in parentheses if the association will be mentioned again. In later references, use the acronym. Example: "American Speech-Language-Hearing Association (ASHA) will.... ASHA's policy is..." Do not place an acronym in parentheses if the association is mentioned only once.

Even if the name of an association is spelled out in documents preceding the resolution, consider the resolution a separate entity and observe the above rule (i.e., spell out the entire name).

Numbers

Spell out numbers under 10 (e.g., four members, three buildings).

Use numerals for numbers 10 and above (e.g., 20 papers, 13 people).

Capitalization

Use upper case "A" for the word "Association" when referring to ASHA. Use a lower case "a" when referring to any other association. Always use upper case "C" when referring to ASHA's Convention.

NOTE: "federal," "state," and "ad hoc" are all lower case.

Hyphenation

General rule: Use hyphens sparingly for words beginning with *non*, *pre*, or *inter*; use a hyphen only to avoid misunderstanding (e.g., *nonmember*, *inservice*, *preschool*, but *co-worker*, *non-oral*). Frequently occurring words that require a hyphen are *short-term*, *long-term*, and *long-standing*.

ASHA Terminology

The word *health care* is two words.

Use terminology generally preferred by groups of persons with disabilities or by groups of minorities (e.g., *persons with disabilities* rather than *disabled persons*).

Other Guidelines

Spell out *United States* when used as a noun. Abbreviate *U.S.* when used as an adjective.

Noun: This publication reaches every audiologist in the United States.

Adjective: The new regulations originated in U.S. Department of Education.

That/Which (a grammatical reminder ...). If the clause can be omitted without altering the sense of what is being said or, if it could reasonably be enclosed in parentheses, use *which*. Otherwise, use *that*.

Examples: The Hudson River, which flows west of Manhattan, is muddy.

 The river that flows west of Manhattan is the Hudson.



American Speech-Language Hearing Association “Travel Policies”

INTRODUCTION:

ASHA’s travel policies have been developed to assist volunteer leaders, public members, and other individuals who travel on association business, and who volunteer their time and talent for the discipline and to whom ASHA expresses its sincere appreciation. The policies are recommended by the Financial Planning Board and approved by the Board of Directors and are periodically reviewed and updated/revised as needed. Most recently, in response to federal law, ASHA and its auditors have heightened their expectations and requirements for accountability and transparency in financial recordkeeping and reporting, which includes association travel reporting requirements.

We hope that the information and guidelines below will assist you as you plan and arrange for your travel and subsequently request expense reimbursement.

ASHA’s TRAVEL AGENCY

Association Travel Concepts (ATC) is ASHA’s official travel agency. All ASHA committee/board members, or any persons traveling on official ASHA business funded by ASHA must book their business travel reservations through ATC. All ASHA business travel arrangements booked through ATC are billed directly to ASHA.

To make reservations, identify yourself as an ASHA member volunteer and provide the ASHA 16-digit meeting budget code emailed to you by the convention and meetings office. If you have not received your budget code, please contact ASHA’s Convention and Meetings Office. Laura Olson, 301-296-5733 or Ingrid Paradise, 301-296-5756 will be glad to help you.

OPTIONS FOR PURCHASING AIRLINE TICKETS

On-Line Ticketing Option: www.tripmanager.com/xs

Reservations can be made on-line (An ATC agent will review the itinerary prior to ticketing). The on-line option saves ASHA money and allows travelers greater control over the flights desired.

First time users - The sign-in screen is completed as follows:

Company – **asha** (this is not case sensitive)

Member ID – **atcasha**

Password – leave blank, **DO NOT** enter a password

Click on **Log In**

On the next screen in the **Member ID** field, enter a number unique to you that is easy to remember

In the **Password** field, enter a unique password

- must be at least 8 characters in length
- must not exceed 30 characters in length
- must be a mixture of alphanumeric characters.
- must not be the same as the Member ID

Then, complete the **personal contact information**. If your name contains any special characters, such as a hyphen, use the decimal symbol (.) in place of those characters and follow the prompts for setting up your personal profile (The personal profile only needs to be setup once.)

Flight options can then be selected.

Airline fares are not guaranteed until ticketed. ATC will hold a reservation for only 24 hours; and if not ticketed in 24 hours, the reservation process must be begun again.

Upon receiving confirmation and flight itinerary by E-mail, please promptly verify flight arrangements (dates and time of travel). If there is a mistake after ticketing, please call ATC immediately.

Email or Phone Ticketing Option:

When making travel arrangements, contact **ATC weekdays between 8:30 a.m. and 8:00 p.m. (EST)**. ASHA's primary travel agents, **Michelle Newcomb or Kay Schabel**, may be reached by:

Michelle (hours: 8 am – 4:30 pm PST)

- Phone: 1-800-755-3899 ext. 115
- E-mail: michellen@atcmeetings.com
- Fax: 1-858-362-3153

Kay (hours: 9 am – 5:30 pm PST)

- Phone: 1-800-755-3899 ext. 118
- E-mail: kays@atcmeetings.com
- Fax: 1-858-362-3153

When Michelle or Kay are unavailable or out of the office, all agents at ATC are familiar with ASHA and the travel policy and are able to assist ASHA travelers as well.

Emergency ATC Information: (For those situations that cannot wait for the next business day.)

- ATC after hours: **1-800-358-1191**

PERSONAL TRAVEL

Personal travel arrangements can also be made using a personal credit card and a transaction fee will be charged.

When traveling on ASHA business and extending a stay to include personal travel, please ask the travel agent **at the time of booking** to identify on the itinerary any costs related to the personal portion of your trip. In these instances, the entire amount will be charged to ASHA since ATC cannot charge both ASHA and a personal credit card on the same itinerary. When submitting your Travel Expense Voucher, be sure to identify the portion of the trip that is personal, and submit a personal check payable to ASHA for your portion only. Please include the dates of travel and the words "Personal Travel" in the memo section of the check.

ADDITIONAL TRAVEL GUIDELINES

ATC will follow these established ASHA guidelines when arranging and confirming travel:

- All travel will be booked in economy class or other discount rates whenever possible and feasible to ensure fiscal responsibility.
- Airline reservations should be booked as far in advance as possible to obtain the lowest available fare to help manage travel costs to the Association. Substantial discounts can be realized when reservations are made at a **minimum advance purchase of 14-21 days**.
- Airline selection cannot be limited because of travelers' frequent flier mile programs.
- Travelers may choose among Ronald Reagan National, Dulles, or BWI airport if the differential does not exceed \$150.

COMMITTEE AND BOARD HANDBOOK
APPENDIX C

- Travelers may choose a direct flight over a flight with connections if the differential does not exceed \$200 (and assuming either flight will meet the travelers' scheduling needs).
- Only electronic tickets (E-tickets) will be issued (no paper tickets). **Please attach a copy of ATC's E-mail message that includes your itinerary and costs to your Travel Expense Voucher.**
- \$700 will be used as the threshold for using an earned complimentary ticket. (In other words, if your flight cost exceeds \$700, ASHA may choose to "cash in" an earned complimentary ticket.)

UNUSED AIRLINE TICKETS

If for some reason a meeting is canceled or there is a personal emergency, a non-refundable ticket can be used for future travel at a minimum expense to ASHA of \$100 to change the ticket. **Please inform ATC when a flight will not be taken.** The unused ticket will be noted in your PERSONAL PROFILE for your use on a future ASHA business trip.

REIMBURSEABLE EXPENSES:

GROUND TRANSPORTATION:

ASHA reimburses individuals for ground transportation to and from train stations and airports and for parking. Receipts are required for all ground transfers and parking.

Taxis

Ground transportation from Washington, DC area airports to the National Office or hotel is available by cab. The average cab fare is \$40 to \$60 which is reimbursed based on a receipt showing travel dates and destination. ASHA recommends using RMA Chauffeured Transportation if you arrive late at night or if there are two or more individuals traveling together (although RMA charges ASHA directly, the charge is more than a cab). At all other times, please consider taking a cab whenever possible to save the Association the extra expense. RMA's telephone number is 800-878-7743 or 301-231-6555. Please call to make your reservation 24 hours prior to your arrival and mention you are traveling on ASHA business.

Personal Auto

ASHA reimburses for use of personal automobiles at the level approved by the IRS at the time of the trip, although reimbursement shall not exceed the lowest available airfare costs.

Rental Cars

Reimbursement for automobile rental costs for all volunteers requires prior approval for the rental from the Chief Staff Officer to whom the ex-officio reports. ASHA has a car rental policy information sheet, available from the Convention and Meetings office for those who request to rent a car.

MEAL AND INCIDENTAL EXPENSES

The full daily meal and incidental (gratuities) expense allowance is \$60. Gratuities given for transportation are in addition to this amount. For full days of travel, the allowance may be allocated among the three meals each day, at the traveler's discretion. For partial day travel, the reimbursement allowance for meals and gratuities is a maximum of \$10 for breakfast, \$15 for lunch, and \$35 for dinner. On your return trip, reimbursement is authorized for dinner expenses when you are not otherwise able to arrive at your final destination before 6 p.m. Other incidental expenses such as dry cleaning are reimbursable if the duration of the trip is 5 days or longer. Receipts are required for all meals and incidental expenses.

COMMITTEE AND BOARD HANDBOOK
APPENDIX C

1. **MEALS INCLUDED IN CONFERENCES or ASHA MEETINGS:** If some meals are included in the conference registration fee or are provided by ASHA, reimbursement may be requested at a maximum of \$10 for breakfast, \$15 for lunch, and \$35 for dinner for meals that were not provided. A copy of the conference program should be attached and meals provided noted on the voucher.
2. **GROUP MEALS:** If one person pays for a meal, cab or other group expenses for which only one receipt exists, please obtain a detailed receipt. The person paying should include the names of those in the group and submit the receipt for reimbursement unless individual receipts are copied for each person to submit for their portion of the meal.

LODGING

Hotel rooms for those attending events scheduled at the National office are paid by ASHA through a direct billing arrangement with the hotel. Room and tax will be charged to the ASHA account. All other charges (meals, phone charges, etc.) need to be paid by you. A request for reimbursement for appropriate items may subsequently be requested on the Travel Expense Voucher.

Please read your bill upon checkout to make certain that the room and tax charges have been charged to ASHA's account, and you are paying for your incidentals only.

The Association will reimburse actual lodging expenses for events held away from the National Office area upon presentation of a copy of the paid hotel bill. In instances where lodging is selected by the individual traveler, it is requested that the traveler seek adequate accommodations at the lowest possible rates.

REIMBURSEMENT FOR TRAVEL EXPENSES

Following IRS requirements, please remember that all requests for travel reimbursement must be accompanied by original detailed receipts. In order to expedite reimbursement; please mail the following within 30 days of your last travel date:

1. Your signed travel voucher(s) and include:
 - a. Detailed original receipts
 - b. Copy of your electronic airline ticket
 - c. Copy of ATC's E-mail message that includes your itinerary and cost

Forward to ASHA, Accounts Payable, 2200 Research Boulevard #440, Rockville, MD 20850-3289

ASHA TRAVEL INSURANCE

ASHA's travel insurance provides coverage of up to \$150,000 for authorized travelers involved in common carrier accidents or mishaps while on a trip authorized by and furthering the business of ASHA.

COMMITTEE AND BOARD HANDBOOK
APPENDIX D

4. Publication Data:

- a. For periodical names, spell and initial cap all major words and italicize entire name, comma, space; volume number (in arabic numerals) italicized, comma, space; issue or supplement number if journal is paginated by issue after the volume (in parens with no space or comma between and no italics), comma, space; and inclusive page numbers, e.g.,

Journal of Speech and Hearing Research, 27, 1-4. *Asha*, 26(5) 5-8.

- b. For book chapters, give the names of the authors as in previous examples, followed by the year, then the chapter title, followed by the name(s) of editors(s) by initials, surname(s), the abbreviation Ed. or Eds. in parens, followed by a comma, then the book title with the first word initial capped and all words italicized. After the book title, give the page range as in the following example, with no italics: (pp. 123-129). Again, lowercase all subsequent words except proper nouns and those following dashes or colons. If there is a volume number, type the abbreviation Vol. followed by the arabic numerals enclosed in parens, followed by a period. Next, give the city (and 2-digit state code if city is not well known), followed by a colon, space, name of publisher (see example at the end).
- c. For technical reports, etc., same as books.

Remember to use periods to separate major components in each reference, and use commas to separate parts of those components. Also, remember that all references cited in the text must be included in the reference list and vice versa. Be sure to include all references for standards and assessment tools in the reference list.

Examples:

Surname, F. S. (1982). Title of article. *Asha*, 23, 2-5.

Name, D. M. (1984). *References* (Vol. 2.) Rockville, MD: American Speech-Language-Hearing Association.

Author, I. (1983). Chapter title. In B. Editor (Ed.), *Name of book* (pp. 18-24). New York: Academic Press.

Person, N. M., & Everyone, A. (1979). *Editorial style* (Tech. Rep. 2). Hillsdale, NJ: Erlbaum.

COMMITTEE AND BOARD HANDBOOK
APPENDIX E

Page 1									
WEEKLY TRAVEL EXPENSE VOUCHER American Speech-Language-Hearing Association 2200 Research Boulevard Rockville, MD 20850				Name					
				Street Address					
				City		ST, Zip			
Destination									
Purpose / Event									
Inclusive Dates of Travel: mm/dd/yyyy			From		To				
Authorization Received from:									
Day	If trip is over 7 days, continue on Page 2 (click on tab below)								
Date									Total
Expense Item: Attach original receipts for all items plus airline itinerary									
1	Breakfast								
2	Lunch								
3	Dinner								
4	Lodging								
5	Meals and refreshment for others*								
6	Plane or Train								
7	Automobile:		Miles						
	2007		\$ Amount @ per mile \$.485						
8	Taxi & Limousine								
9	Other transportation								
10	Telephone								
11	Tips								
12	Other (explain)								
Totals									
								Total expense Page 1	
								Total expense Page 2	
*Detailed explanation of Item 5									
Date	Name of Persons				Amount		Total Expenses 0.00		
							Due ASHA		
							Due Traveler		
Explain by Number Any Unusual Expense (Other than Item 5)									
FOR NATIONAL OFFICE ACCOUNTING USE ONLY					TRAVELER'S CERTIFICATE				
APPROVED:					I certify that the above charges were incurred by me on authorized business of the American Speech-Language-Hearing Association.				
By:		Date:		By:					
Account Number					Traveler's Signature		Date		
Account Number									
Account Number									
Account Number									

Evaluating Assessment or Treatment Programs, Products, or Procedures

In 1998, a National Office staff team was established to explore issues surrounding what ASHA's role should be in response to members requesting information and direction from ASHA regarding new clinical treatment and evaluation methodologies. The Executive Board supported the option that National Office staff provides objective/factual technical information to assist members in making their own evaluations of a particular program, product, or procedure.

A 2003 staff team reviewed the 1998 report and presented the following recommendations to the Executive Board, which were accepted by the Board.

1. ASHA continue the stance that we do not typically evaluate assessment or treatment programs, products, or procedures.
2. Provide a list of "Operational Guidelines for Committees/Boards on Assessment or Treatment Programs, Products and Procedures" in the Committee/Board Handbook.
3. Continue to make available professional and consumer versions of the Questions for Evaluating a Program, Product, or Procedure.

The following information is provided to assist professionals in evaluating programs, products or procedures.

A. Operational Guidelines For Committees/Boards On Assessment Or Treatment Programs, Products, And Procedures

1. ASHA does not routinely evaluate assessment or treatment programs, products, or procedures developed by external organizations, individuals, or agencies.
2. ASHA policy documents are to be evidence-based. The availability of published evidence should be considered in determining whether to develop a document or foster efforts to stimulate research.
3. To the extent possible, the evidence should be categorized according to an accepted standard that clarifies the strength and quality of the evidence.
4. In routine situations, policy documents summarize and categorize evidence without making a recommendation for or against a particular procedure.
5. If the evidence strongly suggests that a program, product, or procedure is clearly harmful or clearly beneficial to clients/patients, ASHA may waive its general position and adopt a recommendation to members.
6. A panel of experts also may make statements in addition to the evidence from the scientific literature. This type of evidence is classified on the basis of the strength of the evidence. According to Trombly (1995), evidence can be classified as follows:
 - Strong consensus: Agreement among 90% or more of expert panel members and expert reviewers
 - Simple consensus: Agreement among 75% to 90% of panel members and expert reviewers
7. Clinical decisions need to be based on additional factors such as cost-benefit, specific patient needs, and sufficiency of the evidence for making a decision.

B. When Evaluating Any Program, Product or Procedure, Ask Yourself:

1. What are the stated uses of the program, product, or procedure?
2. To which client/patient population does it apply?
3. To which other populations does it claim to generalize?
4. Are outcomes clearly stated?
5. Is there peer-reviewed research that supports or contradicts the stated outcomes or benefits?
6. What is the professional background of the developers of the program/product/procedure? If a company, how long has it been in existence?

7. Are there similar programs/products/procedures currently available? How do they compare in cost and performance?
8. Have you talked with others who have experienced this program, product, or procedure? What was their experience? Have you considered posting a query on ASHA's interactive member forum on its website?
9. Is it within my profession's Scope of Practice? Is it within my personal scope of practice (i.e. trained, competent, experienced) to use this program, product, or procedure?
10. Have you checked to see if there are any ASHA statements or guidelines on this topic?
11. Based on the factors listed above, is the cost reasonable and justifiable?

Additional Questions for Products:

1. Is it FDA approved? Has the product or its application been changed from its original design/intent as approved by the Food and Drug Administration or Underwriter's Laboratory?
2. What training and technical support are available?
3. Is there a guarantee or return policy?
4. Are there potential risks/harm associated with this product?
5. Are there contraindications for specific populations or etiologies?
6. What is recommended as sufficient training to be considered a qualified user of the product?

Additional Questions for Techniques/Procedures

1. What are the potential risks/adverse consequences?
2. What are the potential benefits?
3. What is recommended as sufficient training to be considered a qualified user of the technique/procedure?

Additional Questions for Programs

1. Does it offer CEU's?
2. Does the time allotted seem appropriate for achieving the stated outcomes?
3. What is the target audience (i.e., professional background, beginning vs. advanced)?
4. What is the refund/cancellation policy?
5. What instructional methods will be used? Will it be interactive or give a hands-on experience?

C. Questions for Consumers to Ask About Products or Procedures for Hearing, Balance, Speech, Language, Swallowing, and Related Disorders

You may hear from friends, teachers, or professionals about specific products or procedures for hearing loss, ear care, balance, communication and/or swallowing problems. It can be perplexing to know what's right for you, your family member or an individual for whom you are caring. It's advisable not to rely solely on word of mouth or promotional articles.

If you want to learn more about a product or procedure, the American Speech-Language-Hearing Association (ASHA) recommends that you consult an ASHA-certified audiologist or speech-language pathologist. Go to <http://www.asha.org> and click on "Find a Professional." You also may obtain generic information from the company or individual that developed the product or procedure by reviewing their website or published materials. To help guide you, consider the following questions:

- 1. Is a qualified audiologist or speech-language pathologist providing the product or procedure?**
Qualified audiologists and speech language pathologists hold at least a master's degree, the certificate of clinical competence (CCC) from ASHA and state licensure, where required.

2. What is the specific application of this product or procedure and what is the expected outcome?

You should have a clear understanding of the purpose of the product or procedure and the expected outcome and benefit.

3. For which client/population was the product or procedure developed?

The material should state for what group (i.e., age and type of disorder) it was developed. Is there evidence to support its effectiveness with this group or others? Is there research to support the use of the product or procedure on other populations?

4. How should the product or procedure be used?

Does the product or procedure information clearly describe how it works and provide a rationale for why it works? Some products (e.g., hearing aids, assistive communication devices) must be customized or individually fit to meet your specific needs.

5. What evidence does it give about how it improves communication, balance, or swallowing problems? What outcomes can I reasonably expect?

Does it provide data about the outcomes of the product or procedure? Beware of "miracle cures" or claims of 100% success. Keep in mind that outcomes may not be the same for everyone.

6. Has research about this product or procedure been published in peer reviewed professional journals?

Research published in a professional journal has the most credibility. Claims made in promotional materials or reported in the popular press (i.e., newspapers, television and magazines) should be supported by research and interpreted with caution.

7. What is the credibility of the developers of the product or procedure?

If it is a company, how long has it been in existence? Have there been complaints to state or local Better Business Bureaus or consumer protection agencies? If a speech-language pathologist or audiologist developed the product or procedure, have there been complaints to the state licensing boards for speech-language pathology and audiology?

8. Are there similar products or procedures currently available? How do they compare in performance and cost?

Performance should be your most important consideration. Cost may be a consideration if other less costly products or procedures are available, and if they compare favorably in benefits and credibility.

9. What are the potential risks/harms associated with this product or procedure?

What possible negative outcomes could occur as a result of using this product or procedure weighed against the potential benefit?

10. Is there a need for specialized training or a need to supplement the product or procedure?

Will you or your family member or caregiver need specialized training to use or benefit from this product or procedure? Is this a commitment that you or your family member or caregiver can make?

11. Is this product or procedure experimental?

Some products and services may be in an experimental stage and can only be provided by specific researchers who have approval by the Institutional Review Board (IRB) for the Protection of Human Subjects.

Additional Questions for Products

12. Is the product approved by a government regulatory agency?

Some products must have approval by a federal government regulatory agency. You may wish to call the Food and Drug Administration (FDA) at 800-532-4440 or another agency that may have regulatory authority over the specific product.

13. Is there a guarantee, return policy, or trial period?

Check the product information for warranty, repair, and return policy. In many states there are trial period provisions and lemon laws. If there is a trial period associated with the product, find out the time limitations, policies, liability, and fees associated with return or damage to the product during the trial period.