Enhancing the communicative lives of people affected by neurologic disorders.

Academy of Neurologic Communication Disorders and Sciences
Board of Residency Education Program
Neurologic Communication Disorders

Program Application

SECTION A: INTRODUCTION

I. BACKGROUND INFORMATION and PURPOSE

A. Purpose

The purpose of the Academy of Neurologic Communication Disorders and Sciences Board of Residency Education (ANCDS BRE) is to accredit clinical training programs offering a program of study geared towards developing advanced knowledge and skills in neurologic communication disorders.

B. Residency Program Length

1. *Full-time option*: Requires a minimum of 1,100 hours in no fewer than 9 months and no more than 12 months.
2. *Part-time option*: Requires a minimum of 1,100 hours, must be at least 50% of a full-time equivalent at the practice site, and must be completed within 24 months.

C. Eligibility

1. *Resident:* A resident must have obtained a master's degree in speech-language pathology (minimum) as the entry level degree to practice in the program.

2. *Residency Program:* A residency program accredited by the ANCDS BRE may be hosted by settings that provide services to people with neurologic communication disorders, including, but not limited to:
   a. Hospital systems
   b. Free-standing rehabilitation settings
   c. Outpatient rehabilitation settings
   d. Private practice settings.

II. OVERVIEW OF RESIDENCY PROGRAM STANDARDS

The standards of the ANCDS BRE program address the following components.

A. Standard I - Mission, Goals, and Outcomes. The residency program will develop a mission statement, goals to support achieving the mission, and outcome measures that demonstrate the success of the residency program.

B. Standard II - Curriculum. The residency program will include didactic education in neurogenic communication disorders. The resident will complete a minimum of 750 hours of mentored, direct speech-language pathology services and present at least one case study following guidelines for ANCDS Board Certification.

C. Standard III - Program Administration: The residency program will have and implement policies and procedures to ensure ongoing success of the program.

D. Standard IV – Program Resources: The residency program will demonstrate that it has the human, physical, and fiscal resources needed to achieve the program's goals.

E. Standard V - Program Evaluation: The residency program will have and implement a program evaluation plan that includes competency-based evaluation of skills and content knowledge of the resident, as well as evaluation of the effectiveness of the site in meeting its mission and goals.

III. APPLICATION PROCESS

A. Applicant Residency Program Status

1. The Intent to Apply for Residency Accreditation (IARA) form must be submitted to the ANCDS Business Office by July 1st.
2. The Business Office will send an invoice for the $150 nonrefundable IARA fee, payable by the site within 30 days of receipt.
3. The Business Office will review the IARA and notify the site of approval to submit an Application for Residency Education Accreditation within 14 days of receipt of payment.
4. When the IARA is approved, the applicant site will be given access to a confidential, password protected, online portal containing the Application for Residency Accreditation. An applicant site must use this portal to submit the completed Application for Residency Education Accreditation.
5. The completed Application for Residency Accreditation is due by November 1st of the same calendar year.
6. Upon receipt of the Application for Residency Accreditation, the Business Office will send an invoice for the Application for Residency Accreditation fee, payable by the site within 30 days of receipt.

B. Candidate Residency Program Status and Site Visit

1. If, after review of the Application for Residency Accreditation, all BRE program standards are met, a program will be granted Candidate status and will be notified to this effect by January 10th of the next calendar year.
2. Once Candidate status is granted, a residency program may begin recruiting a resident(s).
3. Within one (1) week of the hiring decision for a resident, the Candidate program will inform the BRE and provide the resident's name and start date. If a potential resident was identified prior to a program being granted Candidate status, the program is to inform the BRE of the resident's name and start date within one (1) week of receiving notice of Candidate status.

4. An in-person site visit will be scheduled between one (1) and six (6) months after the first resident enters the residency program.
5. A Site Visit Team will be appointed for the Candidate site, including a Site Visit Team Lead, who will contact the Candidate site to schedule the site visit and discuss team requirements for the site visit.
6. Within six (6) weeks after the site visit, the Site Visit Team will submit a report with recommendations to ANCDS BRE.
7. Within one (1) week of receiving the Site Visit Team report, the Business Office will send the program a copy of the report accompanied by a letter offering the program the option of submitting additional information.
8. After receiving the Site Visit Team report the program has the option to submit additional information. Within two (2) days of receipt of the Site Visit Team report the program must notify the Business Office whether it will submit additional information. Within two (2) weeks of receipt of the Site Visit Team report the optional response must be submitted.
9. Within 4 weeks after receipt of the Site Visit Team report, or 2 weeks after receipt of the optional response from the program, the BRE will determine the outcome of its review of the Application for BRE Accreditation. The BRE will: (1) grant accreditation, (2) deny accreditation, or (3) request additional information.

C. ANCDS BRE Accredited Residency Program

1. Initial accreditation will be granted for a period of 5 years. Subsequent accreditation periods may be granted for up to 10 years.
    a. Reaccreditation requires submission of a Reapplication for ANCDS BRE accreditation and a site visit.
2. By January 5th of each year in the accreditation cycle, accredited residency programs are required to submit an Annual Update to the ACNDS BRE Business Office.
3. Following receipt of the Annual Update, the ANCDS BRE Business Office will send an invoice for the annual accreditation maintenance fee, payable within 30 days of receipt.
4. ANCDS BRE may terminate any residency program for noncompliance with the ANCDS BRE Standards.

IV. FEES

A. Fees associated with ANCDS BRE are listed on the ANCDS website (www.ancds.org) under the ANCDS BRE tab. Fees will be invoiced by the ANCDS Business Office and all fees are nonrefundable.

B. Fees accompany the following BRE components:

1. Intent to Apply for Residency Accreditation
2. Application for BRE Accreditation (initial application)
3. Annual Maintenance of BRE Accreditation
4. Application for BRE Reaccreditation
5. Site visit (Accreditation and Reaccreditation)

C. Unless otherwise specified, all fees are to be submitted using the secure portal within 30 days of receipt of invoice from the Business Office. All fees are nonrefundable.

D. Annual fees begin in the calendar year after accreditation is granted.
E. No annual fee is required in the year a site applies for reaccreditation.
F. The Application for Residency Reaccreditation fee does not include the reaccreditation site visit fee.

V. ANCDS BOARD CERTIFICATION

A. Residency program staff with ANCDS Board Certification

1. Residency programs must have at least one staff member who holds BC-ANCDS. If a residency program does not have a staff member with BC-ANCDS, the residency program must demonstrate that at least one staff member has significant expertise in the area of neurologic communication disorders.
2. If the residency program does not have a staff member with BC-ANCDS, the program has 5 years to hire a staff member with BC-ANCDS or demonstrate that an existing staff member has attained BC-ANCDS.

VI. PERSONNEL DEFINITIONS - ANCDS BRE APPLICATIONS FOR ACCREDITATION

Programs/Facilities/Organizations will likely use titles that are specific to their organizations; however, when referring to a BRE Accredited Residency Program the following titles must be used:

A. Program Director

This individual is the administrative leader of the unit/service/department hosting the proposed residency program. Internal titles may include Chief, Head, Chair, Department Chair, etc.

B. Residency Program Coordinator-see Standard 4.1.1

The Residency Program Coordinator has overall responsibility for the proposed BRE Accredited Residency Program and all residents. The Residency Program Coordinator is responsible for ensuring compliance with BRE Accreditation Standards, BRE Accreditation documentation, and communication with the BRE. The Residency Program Coordinator oversees all residents and the Supervising Practitioners and Mentors in their roles supporting the BRE Accredited Residency Program. (Note: The Program Director may serve as the Residency Program Coordinator.)

C. Supervising Practitioner-see Standard 4.1.2

The Supervising Practitioner is responsible for all resident activities occurring under SLP professional supervision. The Supervising Practitioner is responsible for organizing and overseeing the entire range of activities and experiences for each resident. The Supervising Practitioner is a certified and licensed (where required) Speech-Language Pathologist who ideally holds Board Certification from the ANCDS and expertise in neurologic based communication disorders. When applicable, an accredited residency program may elect to assign different Supervising Practitioners to each resident. In such

cases, per Std. 4.1.2.2 each Supervising Practitioner must be involved in all major areas of the residency program. (Note: the Program Director or Residency Program Coordinator may serve as a Supervising Practitioner.)

D. Mentor–See Standard 4.1.3

Residency program mentors provide and supervise residents with direct academic and clinical learning experiences. Speech-Language Pathology mentors supporting the Residency program must have expertise in neurologic based communication disorders and must hold clinical certification and licensure (where required). Ideally mentors hold Board Certification from ANCDS. Residency program mentors from other disciplines (e.g., physicians, nurses, allied health professionals) must hold the appropriate certifications and licensures for their disciplines. Numerous mentors may support a resident's learning throughout the accredited residency program. (Note: the Program Director, Residency Program Coordinator, and/or Supervising Practitioner may serve as mentors.)

SECTION B: APPLICATION

I. PROGRAM DEMOGRAPHIC DATA

A. Sponsoring Organization

Name of Facility:
Address:
City:
State & Zip:
Phone:
Fax:
Website URL:

B. Program Director

Name:
Credentials:
Title:
Email:
Phone:

C. Residency Program Coordinator

Name:
Credentials:
Title:
ASHA #:
Email:
Phone:

II. GENERAL INFORMATION ABOUT THE PROPOSED PROGRAM

A. Name of the Program:

B. Contact Information for the Program

Name:
Address**:**
City:
State and Zip:
Email:
Phone:

C. Application Deadline for Prospective Residents

Does the program accept applications by a certain deadline (e.g., by June 30) or throughout the year (e.g., no set deadline, anytime)?

The applicant program will be given access to a confidential, password protected, online portal containing the Application for Residency Accreditation. An applicant program must use this portal to submit the completed Application for Residency Education Accreditation.

STANDARD	APPLICATION INSTRUCTIONS
Standard 1.0: MISSION, GOALS, AND OUTCOMES	
1.1 The residency program must develop and publish a mission statement that communicates the program's purpose and commitment to providing quality advanced education to speech-language pathologists in neurologic communication disorders that results in enhanced patient care. The residency program's mission statement aligns with the sponsoring organization's mission statement.	1.1.1 Provide the mission statement of the residency program. *Note: This is a mission statement your program develops specifically for the Residency Education Program, not an existing mission statement.* 1.1.2 Describe how the mission will be used to guide the delivery of a residency program that will produce practitioners prepared to provide advanced care of patients with neurologic communication disorders. Every aspect of the residency program must be consistent with the residency program's mission. Explain/describe the process the residency program will use to ensure their mission statement will guide the delivery of the residency program. 1.1.3 Provide the mission statement of the *sponsoring organization*. 1.1.4 The mission of the residency program should align with the mission of the sponsoring organization. Explicitly explain how the two missions (residency program and sponsoring organization) align. 1.1.5 Describe how the program's mission is systematically evaluated. 1.1.5.1 How frequently will the residency program's mission be systematically evaluated (e.g., every year, every second year, every third year, other)? 1.1.5.2 Describe how the residency program will determine that their stated mission is still relevant, appropriate, current, and continues to align with the organization's mission. 1.1.6 Describe the residency program's process for systematically evaluating how it is fulfilling its mission.

STANDARD	APPLICATION INSTRUCTIONS
1.2 The residency program's goals support the achievement of the mission.	1.2.1 The program must establish a clear set of goals and objectives that must be met for residents to acquire the knowledge and skills needed for advanced specialty practice in the area of neurologic communication disorders. 1.2.1.1 Provide a numbered list of the residency program's goals in support of the residency program mission. 1.2.1.2 Describe the process that will be used to determine whether the residency program's goals remain aligned with the residency program's mission. 1.2.2 Describe the residency program's plan for residents to apply for ANCDS Board Certification.
1.3 The residency program develops outcome measures that identify measurable behaviors which describe the knowledge, skills, and affective behaviors residents gain upon completion of the program.	1.3.1 Provide the residency program's outcome measures. 1.3.2 Describe how each outcome measure evaluates the knowledge, skills, and affective behaviors residents gain upon completion of the program.

Standard 2.0 CURRICULUM	
2.1 The residency program's curriculum is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.	2.1.1 Describe the procedure for curriculum development. Describe also the process for and frequency of curriculum review, as well as who is responsible for the review
2.2 The residency program's curriculum organization ensures congruence between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program's outcomes.	2.2.1 Provide, in sequential order, a list of didactic and clinical learning opportunities, along with the length of each experience. 2.2.2 Explain how the organization of the curriculum ensures congruence between didactic and clinical components.
2.3 The residency program is planned and delivered in an organized, sequential, and integrated manner to allow each resident to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist specializing in neurologic communication disorders.	2.3.1 Provide an outline of the residency program plan *for an individual resident* from entry into the residency program to completion.
2.4 The residency program must provide sufficient breadth and depth of opportunities for residents to obtain a variety of clinical experiences with a wide range of neurologic communication disorders, with individuals varying in complexity, and with appropriate equipment and resources to acquire and demonstrate skills sufficient for specialized practice in neurologic communication disorders.	2.4.1 Describe the clinical experiences that are available to residents.

2.5 The residency program's formative and summative methods must evaluate the residents' mastery of curriculum content based on performance measures. Feedback based on summative evaluations must be provided at least 2 times per year. Feedback provided to the resident must be documented.	2.5.1 Provide a description of the procedures for formative and summative evaluations, as well as a timeline and a list of persons responsible for conducting the evaluations. Describe how feedback from the evaluations will be provided to residents and how that feedback is documented. 2.5.2 The residency program must have policies and procedures to provide remediation for each resident who does not meet program expectations for the acquisition of knowledge and skills. 2.5.2.1 Describe the procedures for remediation, including how the need for remediation will be determined, procedures for remediation, timelines for remediation, and responsible person(s). Attach a copy of the remediation policy. 2.5.3 The residency program must have policies and procedures for non-continuance in the residency program for underperformance or unsuccessful remediation. 2.5.3.1 Describe the process for determining that a resident will not be permitted to continue in the residency program if remediation is not successful and the procedure and timeline for terminating the residency. Attach a copy of the non-continuation policy.
2.6 The residency program offers a plan of study that encompasses the areas of competency listed in the instructions at the beginning of the Application.	2.6.1 Foundations of practice in neurologic communication disorders. The following areas should be included in the plan of study: • Neuroanatomy and neurophysiology of the functional systems that underlie normal speech, language, and communication. • Cognitive processes underlying normal speech, language, and communication o Attention o Executive function o Learning and memory o Language o Perceptual-motor processes o Social cognition

2.6 Plan of study (cont.)	• Etiologies and neuropathologies of neurologic communication disorders and application of knowledge to assessment and treatment of individuals with:
	  o Language disorders
	  ▪ Vascular
	  ▪ Nonvascular (e.g., neoplastic, infectious)
	  ▪ Degenerative
	  o Non-aphasic cognitive communication disorders
	  ▪ Traumatic brain injury
	  ▪ Right hemisphere disorders
	  ▪ Degenerative
	  ▪ Disorders of motivation (abulia, akinetic mutism, adynamia)
	  o Motor Speech Disorders
	  ▪ Dysarthria
	  ▪ Apraxia of speech
	  ▪ Neurogenic stuttering
	  ▪ Functional disorders of speech, language, and other cognitive processes
	• Impact of pharmacologic agents and/or medical conditions on neurologic communication disorders and ability to account for these during assessment & treatment
	• Impact of psychosocial and cultural influences on treatment
	• Research methodology and application of scientific method to clinical practice
	• Conceptual frameworks of health conditions and contextual factors (e.g., International Classification of Functioning, Disability, and Health Framework and application to people with neurologic communication disorders)
	• Ethical standards for clinical services
	2.6.2 Describe the mechanisms through which these areas will be addressed (e.g., formal presentations, clinical rotations, teaching).

2.6 Plan of study (cont.)	2.6.3 Assessment of individuals with neurogenic communication disorders. 2.6.3.1 Describe the procedures for evaluating the following assessment skills, including who will evaluate the resident: • Generate a case history from all relevant sources to identify the client's past and present communication, risk factors for neurologic communication disorders, and develop clinical hypotheses to guide the evaluation. • Interpret and use test results by speech-language pathologists and other related professionals. • Screen and assess for the presence of the following disorders, selecting standardized and non-standardized assessments with full understanding of the principles of standardization, validity, and reliability of these measures: o Language disorders ▪ Vascular ▪ Nonvascular (neoplastic, infectious, etc.) ▪ Degenerative o Non-aphasic cognitive communication disorders ▪ Traumatic brain injury ▪ Right hemisphere disorders ▪ Degenerative ▪ Disorders of motivation (abulia, akinetic mutism, adynamia) o Motor Speech Disorders ▪ Dysarthria ▪ Apraxia of speech ▪ Neurogenic stuttering o Functional disorders of speech, language, and other cognitive processes • Assess educational, social, and vocational impacts of the client's communication impairment • Conduct oral mechanism evaluation • Use data to dynamically modify assessment plan • Synthesize and document the results of the assessment process to develop a

	comprehensive description of the client's speech-language-communication diagnosis • Generate prognosis and predicted treatment outcomes • Determine candidacy for therapeutic services • Assess behavioral, emotional, and environmental factors that may influence treatment • Identify need for and determine appropriateness of assistive technology and/or prosthetic devices • Based on assessment and anticipated outcomes, develop, communicate, and provide evidence-based treatment recommendations

	2.6.4 Interventions/treatment for individuals with neurologic communication disorders 2.6.4.1 Describe the procedures for evaluating the following treatment/intervention skills, including who will evaluate the resident: • Collaborate with client, family, and relevant others throughout clinical services, providing individualized feedback, education, and counseling as indicated • Develop individualized treatments from EBP (evidence-based practice) or PBE (practice-based evidence) that integrate long and short-term goals into a plan of care for the following disorders: o Language Disorders ▪ Vascular ▪ Nonvascular (e.g., neoplastic, infectious) ▪ Degenerative o Non-aphasic cognitive communication disorders ▪ Traumatic brain injury ▪ Right hemisphere disorders ▪ Degenerative ▪ Disorders of motivation (abulia, akinetic mutism, adynamia) o Motor Speech Disorders ▪ Dysarthria ▪ Apraxia of speech ▪ Neurogenic stuttering o Functional disorders of speech, language, and other cognitive processes • Employ techniques to maintain client engagement in treatment • Employ techniques to manage maladaptive behavior during treatment • Effectively implement alternative modes of rehabilitation (e.g., telerehabilitation, computerized treatment) • Collaborate with other staff to provide interprofessional services; makes appropriate referrals when indicated • Adhere to relevant clinical/critical pathways (e.g., stroke protocol, cancer)

	• Identify resources that support treatment (e.g., self-help groups, support groups, technology-based resources, psychoeducational materials) • Establish and implement methods for monitoring treatment progress and uses data to modify treatment • Document treatment progress, changes in care plan, and discharge summary in the medical record that reflect sound clinical practice and judgment • Establish criteria for initiating, prioritizing, modifying, and ending treatment • Provide counseling at the completion of treatment, and collaboratively plan follow-up options • Evaluate client self-assessment of communication • Collect local and national outcomes data to document efficacy of treatment • Follow up on post-treatment referrals and recommendations

2.6 Plan of study (cont.)	2.6.5 Professional practice responsibilities for individuals with neurologic communication disorders 2.6.5.1 Describe procedures for evaluating how well the resident fulfills the following professional practice responsibilities. *Note: the resident must engage in some scholarly activity.* • Adhere to the ASHA code of ethics • Adhere to relevant local, state, and national practice policies and guidelines, (e.g., ASHA, ANCDS) • Identify areas of professional liabilities and risk management strategies • Demonstrate knowledge and use of multiple methods for accessing education and relevant literature • Participate in scholarly activities (e.g., research, presentations, publications) • Use appropriate coding practices for workload documentation • Effectively balance the needs of the client with requirements of caseload management • Consider treatment costs (e.g., time, emotional, reimbursement, financial) • Identify resources for client advocacy 2.6.5.2. Describe how the resident will be prepared to present a case study following the guidelines for ANCDS Board Certification, who will prepare the resident, to whom the case study will be presented, and how the presentation will be evaluated. *Note: Making this presentation is a requirement for every resident*.

2.7 The residency program is a post-graduate structured learning experience focused on practice involving individuals with neurologic speech, language and cognitive communication disorders.	2.7.1 The residency program must include planned clinical and didactic educational experiences, as well as on-going clinical mentoring by experienced speech-language pathologists. 2.7.1.1 Describe how the planned didactic and clinical activities will support learning. 2.7.1.2 Describe the plan for resident mentoring. 2.7.2 Key learning activities/residency program content must include 750 hours of clinical contact with neurologic cases, 300 hours of didactic educational experiences, and 50 hours of independent projects involving neurologic communication disorders. 2.7.2.1 Describe how the residency program will provide a minimum of: 750 hours of clinical contact with neurologic cases (may include up to 10% consultations), 300 hours of didactic educational experiences (e.g., coursework, workshops, webinars, study groups, journal clubs, case presentations, grand rounds), and 50 hours of work on independent projects including presentation of at least one case study (following ANCDS guidelines for Board Certification), research, QI (Quality Improvement) project, publication, and/or presentation. 2.7.3 Length: 12 months full-time equivalency (no more than 24 months duration if part-time) with a minimum of 1100 hours of direct residency program activities dedicated to neurologic communication disorders. 2.7.3.1. Describe the duration of the residency and the number of hours, including direct residency program activities. 2.7.4 The residency program should prepare residents to practice in a culturally competent way within a diverse society. 2.7.4.1 Describe how the residency program will include didactic and clinical experiences to prepare a resident to practice in a culturally diverse community.

2.8 For residents who do not hold clinical certification, the residency program must assure that they will be eligible to apply for the Certificate of Clinical Competence from ASHA, whether or not they have met the residency requirements.	2.8.1 Describe how the residency program experiences will allow the resident to meet the requirements for the ASHA Certificate of Clinical Competence. Also describe who will complete the ASHA Clinical Fellowship Skills Inventory (CFSI) and submit to ASHA.

Standard 3.0: PROGRAM ADMINISTRATION	
3.1 The residency program must develop and publish its admission criteria. Residents must be admitted to the program based on the published admission criteria. Documentation of admission criteria must be maintained, including procedures and admission practices.	3.1.1 Describe how public information about your residency program will be accessed (see examples below). • Catalogs – printed • Catalogs – online (provide URL) • Clinic handbook – printed • Clinic handbook – online (provide URL.) • Faculty handbook – printed • Faculty handbook – online (provide URL) • Resident handbook – printed • Resident handbook – online • Residency program websites (provide URL) • Printed brochures • Other printed resources (specify) • Other resources – online (provide URL) • Other (specify) 3.1.2 Describe the process and frequency for updating all other residency program information (e.g., standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, fees and other charges) in catalogs, advertisements, websites, and other publications/electronic media. 3.1.3 Describe who is responsible for ensuring that the information about the residency program and the organization that is being communicated to residents and to the public is readily available, current, and accurate.

3.2 The residency program must comply with all applicable federal, state, and local laws and regulations including those pertaining to nondiscrimination, privacy, and confidentiality.	3.2.1 Describe how information regarding equitable treatment will be communicated to residents, e.g.: • Application materials • Catalog (provide URL) • Resident handbook (provide URL) • Resident orientation • Website or intranet (provide URL) • Other (specify) 3.2.2 Describe how information regarding equitable treatment will be communicated to residency program personnel, e.g.” • Departmental/program meetings • Employee handbook (provide URL) • Employee orientation • Website or intranet (provide URL) • Other (specify) 3.2.3 Describe how information regarding equitable treatment will be communicated to persons served by the residency program, e.g.: • Brochures • Clinic materials • Posted signage • Website or intranet (provide URL) • Other (specify) 3.2.4 Describe policies/procedures to ensure compliance (blind review, electronic or physical security of information) with all applicable laws pertaining to nondiscrimination, privacy, and confidentiality. Attach copies of the applicable policies. 3.2.5 For ongoing review: List any instances of non-compliance. How was noncompliance identified and what steps did the program take to rectify shortfalls?
3.3 The residency program must develop and implement termination policies and procedures for residents who become ineligible to practice (e.g., due to loss of license).	3.3.1 Describe how the residency program will terminate the training of residents who become ineligible to practice (e.g., due to loss of license or practice privileges). 3.3.2 Describe the infractions/conditions that result in termination. 3.3.3 Describe the methods the program will use to notify the resident of termination.

3.4 The residency program must develop and implement grievance policies and procedures that are available to residents for filing a complaint against the program.	3.4.1 Describe how residents will file a complaint against the residency program. 3.4.2 Describe the process the residency program will use to evaluate a complaint filed by a resident and communicate the results of that review to the resident.
3.5 The residency program must develop and implement policies and procedures allowing residents to appeal adverse decisions made by the program.	3.5.1 Describe how residents will appeal adverse decisions made by the residency program. 3.5.2 Describe the methods the residency program will use to maintain a record of: • Appeals that are initiated by residents • Outcomes of appeals
3.6 The residency program must establish appropriate professional, family, and sick leave policies, including how these leaves could impact a resident's ability to complete the program.	3.6.1 Describe how the residency program will accommodate resident leave for illness, family concerns, and professional development. 3.6.2 Describe sick, family, and professional leave policies. 3.6.3 Describe leave limits and the impact of extended leave on residency program completion.
3.7 The residency program must establish a policy and procedures that enable the program to commit to completion of the residency program for current residents should the organization deem it necessary to discontinue the program, the program fails to achieve accreditation, or ANCDS BRE withdraws accreditation for the program.	3.7.1 Describe the policy and procedures for meeting commitments to current residents in the event of program discontinuation.

Standard 4.0: PROGRAM RESOURCES	
4.1 The residency program and sponsoring organization must provide personnel that encourage and promote the resident's successful completion.	4.1.1 Residency Program Coordinator. The residency program must designate a Residency Program Coordinator who is responsible for the residency program. The Residency Program Coordinator must hold a graduate degree with a major emphasis in speech-language pathology and hold a full-time appointment in the organization. 4.1.1.1 The residency program must provide the Residency Coordinator with adequate time and resources to meet the mission and goals of the residency program. 4.1.2 Supervising Practitioner. A supervising practitioner is responsible for all resident activities occurring under supervision. *The Supervising Practitioner is responsible for all resident activities occurring under SLP professional supervision. The Supervising Practitioner is responsible for organizing and overseeing the entire range of activities and experiences for each resident. The Supervising Practitioner is a certified and licensed (where required) Speech-Language Pathologist who ideally holds Board Certification from the ANCDS and expertise in neurologic based communication disorders. When applicable, an accredited residency program may elect to assign different Supervising Practitioners to each resident. In such cases, per Std. 4.1.2.2 each Supervising Practitioner must be involved in all major areas of the residency program. (Note: the Program Director or Residency Program Coordinator may serve as a Supervising Practitioner.)* 4.1.2.1 A Supervising Practitioner must demonstrate evidence of substantial experience (minimum of 3 years) and expertise in the assessment and treatment of individuals with neurologic communication disorders (e.g., BC-ANCDS, PhD, SLP-D, record of professional accomplishment). This Supervising Practitioner must be involved in all major areas of the residency program including curriculum development, clinical experience supervision, mentoring, and resident advising. 4.1.3 Mentors. The residency program must engage a sufficient number of mentors who possess demonstrated expertise in neurologic communication disorders, including the appropriate credentials to support the program's mission, goals, and outcomes.

	Residency program mentors provide and supervise residents with direct academic and clinical learning experiences. Speech-Language Pathology mentors supporting the Residency program must have expertise in neurologic based communication disorders and must hold clinical certification and licensure (where required). Ideally mentors hold Board Certification from ANCDS. Residency program mentors from other disciplines (e.g., physicians, nurses, allied health professionals) must hold the appropriate certifications and licensures for their disciplines. Numerous mentors may support a resident's learning throughout the accredited residency program. (Note: the Program Director, Residency Program Coordinator, and/or Supervising Practitioner may serve as mentors.) 4.1.3.1 All potential mentors have the qualifications necessary to oversee and provide learning experiences to the residents, have adequate time to provide mentorship, and have opportunities for ongoing professional development, maintenance of competence, and to support their role(s) in the residency program. 4.1.4 ANCDS Board Certification. The residency program must have at least one staff member who holds BC-ANCDS. 4.1.4.1 If the response to the question above is 'no,' i.e., the residency program does not have a staff member with BC-ANCDS, the program *does* have at least one staff member with significant expertise in the assessment and treatment of individuals with neurologic communication disorders (e.g., a minimum of three years' experience post CFY, doctoral degree [PhD, CSD, SLP-D], or record of professional publication or accomplishment). Describe the qualifications of this person. 4.1.4.2 If the site does not have a staff member with BC-ANCDS, the site has 5 years to engage a staff member with BC-ANCDS or demonstrate that an existing staff member has attained BC-ANCDS. Describe the plan for ensuring that at least one residency program staff member will hold BC-ANCDS within 5 years.
4.2 The residency program's patient population must be sufficient in number and variety to meet the	4.2.1 The residency program must provide sufficient representation of the neurologic communication disorders.

program's mission, goals, and outcomes.	4.2.1.1 Provide documentation of patient diagnostic demographics (non-PHI) 4.2.1.2 Provide documentation methods for tracking sufficient mentored, hands-on clinical experiences across patient categories 4.2.2 For low-incidence disorders, the residency program, must provide evidence of supplemental experiences, such as: • Simulations (e.g., Simucase) • Case studies • Interprofessional education observations • Rounds • Surgical observations • Other (specify)
4.3 The residency program must provide access to current publications and other relevant materials and media to support the curriculum.	4.3.1 Describe media and materials that are available to support the curriculum, e.g.: • Facility librarian or other access to current journals • Digital instruction materials • Other
4.4 The residency program must provide adequate facilities and access to sufficient, current, and high-quality clinical materials and equipment to meet the mission and goals of the residency program.	4.4.1 Describe materials and equipment that are available to meet the mission and goals of the residency program, e.g.: • Current assessment and treatment materials • Updated procedure manuals • Software
4.5 The residency program must have financial resources that are adequate to achieve the program's mission, goals, and outcomes and which support program integrity and sustainability, including personnel, equipment, educational materials, and clinical materials.	4.5.1 Explain how the budget provided to support the Residency Program is sufficient to maintain personnel, equipment, educational materials, and clinical materials needed to achieve the residency program's mission and goals. Also, if additional budgetary support is needed, describe the process for requesting additional financial resources to achieve the program's mission and goals. 4.5.2 The residency program ensures that residents are protected from liability claims related to performance of their clinical duties. 4.5.2.1 Describe the method by which residents are protected from liability claims.

Standard 5.0: PROGAM EVALUATION	
5.1 The residency program develops a process and systematically collects data from multiple sources (e.g., residents, employers, OAA, medical facility data) to measure achievement of mission, goals and outcomes. *Note: It is required that residency programs collect data for this purpose.*	5.1.1 Describe how the residency program will collect data from: • Current residents • Personnel • Program Alumni • Employers of alumni • OAA • Medical facility
5.2 The residency program analyzes mission, goals, and outcomes data and adjusts program content and processes to provide continuous improvement of the program.	5.2.1. Describe how the residency program will use the data collected to inform continuous improvement processes. 5.2.2 For ongoing review: 5.2.2.1 Describe the data reviewed for this accreditation cycle and who reviewed those data. 5.2.2.2 Describe how the residency program was adjusted in response to the outcomes data.
Section 5.3 The residency program develops a process for systematically evaluating the Residency Program Coordinator's leadership.	5.3.1 Describe how the residency program evaluates the effectiveness of the Residency Program Coordinator's leadership. Provide a copy of the evaluation process policy. The policy must specify evaluation frequency.
5.4 The residency program uses key indicators to annually monitor and measure the achievement of the program's mission, goals, and outcomes. Key indicators form the basis for evaluating resident performance and determining program effectiveness.	5.4.1 Describe the key indicators that will be employed. Key indicators may include: • Number of residents who apply for candidacy for BC-ANCDS. • Mechanism the residency program will use to determine the number of residents who applied for candidacy for BC-ANCDS and were awarded BC-ANCDS. • Mechanism the residency program will use to determine the number of residents who are employed (post-residency) in settings focusing on individuals with neurologic communication disorders. • Mechanism the residency program will use to determine the number of residents who are pursuing further education in the CSD professions. • Mechanism the residency program will use to determine the number of residents who produce scholarly publications and presentations in the area of neurologic communication disorders.

5.5 The residency program publishes outcomes data that relate to residents' achievements that is accessible to stakeholders.	5.5.1 Describe how public information about residents' achievements will be accessed. For example: • Catalogs – printed • Catalogs – online (provide URL) • Clinic handbook – printed • Clinic handbook – online (provide URL) • Personnel handbook – printed • Personnel handbook – online (provide URL) • Resident handbook – printed • Resident handbook – online • Program websites (provide URL) • Printed brochures (specify) • Other printed resources (specify) • Other resources – online (provide URL) • Other (specify) 5.5.2 Describe the process and frequency for updating outcomes data and for maintaining its currency and accuracy. 5.5.3 Describe who is responsible for ensuring that the outcome data are readily available, current, and accurate.