Enhancing the communicative lives of people affected by neurologic disorders.

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

Program Application Information and Instructions

SECTION A: INTRODUCTION

I. MISSION STATEMENT and OVERVIEW

A. Mission Statement

The purpose of the Academy of Neurologic Communication Disorders and Sciences Board of Residency Education (ANCDS BRE) is to accredit post-graduate 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 for clinical practice.
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. 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. Preparing and submitting the Intent to Apply for Residency Accreditation (IARA) and the Application for Residency Accreditation (ARA)

1. The initial step in the application process is to register with SurveyMonkey Apply (SMA). Once registered the program completes and submits the IARA form to this platform.
2. The ANCDS BRE Business Office will send an invoice for the IARA fee, payable within 30 days.
3. Once the IARA fee is received, BRE will review the IARA and notify the program of the outcome.
4. If the IARA is approved the program will receive further instruction on preparing and submitting the ARA form through SMA.
5. Upon submission of the ARA, the Business Office will send an invoice for the ARA fee payable within 30 days.
6. Once the ARA fee is received, the ARA will be reviewed by the BRE, and the program will be notified of the outcome.

B. Candidacy Status and Site Visit

1. If, after reviewing the ARA, BRE program standards are met, a program will be advanced to Candidacy status.
2. Once Candidacy status is awarded, a program may begin recruiting a resident or residents.
3. The ANCDS BRE Business Office will send an invoice for the site visit fee, payable within 30 days.
4. Within one (1) week of the hiring decision for a resident, the Candidate program must inform the BRE and provide the name and start date for each resident. If a potential resident was identified or hired prior to a program being advanced to Candidacy status, the program must inform the BRE of the resident's name and start date within one (1) week of receiving notice of Candidacy status.
5. An in-person site visit will be scheduled to occur between one (1) and six (6) months after the start date of the first resident.
6. A Site Visit Team will be appointed by BRE, including a Site Visit Team Lead, who will contact the program to schedule the site visit and discuss team requirements.
7. The Site Visit Team will submit a report with recommendations regarding accreditation to ANCDS BRE.
8. Following review of the Site Visit Team Report the BRE will make a decision regarding accreditation and notify the program.

C. ANCDS BRE Accredited Residency Program Status

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 an Application for Residency Reaccreditation (ARRA) and a Site Visit.
2. An accredited residency program is required to submit an Annual Report.
3. Following receipt of the Annual Report, the ANCDS Business Office will send an invoice for the annual accreditation maintenance fee, payable within 30 days.
4. BRE will review the Annual Report and notify the residency program of the outcome.

5. ANCDS BRE may terminate accreditation of a residency program at any time 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, Table of Fees.

1. Fees will be invoiced by the ANCDS Business Office
2. Unless otherwise specified, all fees are to be submitted using the secure portal within 30 days of receipt of invoice
3. All fees are non-refundable

B. Fees accompany the following BRE components:

1. Intent to Apply for Residency Accreditation
2. Application for Residency Accreditation
3. Annual Report
4. Application for Residency ReAccreditation
5. Site visit (Accreditation and Reaccreditation)

C. **Annual fees begin in the calendar year after accreditation is awarded**.

1. No annual fee is required in the year a residency program applies for reaccreditation.

D. The Application for Residency Reaccreditation fee does not include the reaccreditation site visit fee.

V. ANCDS BOARD CERTIFICATION

A. Residency program staff with BC-ANCDS

1. Residency programs must employ at least one staff member who holds BC-ANCDS. If, at the time of initial accreditation, 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 at the time of initial accreditation, the residency program does not have a staff member with BC-ANCDS, the residency program has 5 years from the date of initial accreditation to hire a staff member with BC-ANCDS or demonstrate that an existing staff member has attained BC-ANCDS.

VI. PERSONNEL DEFINITIONS - ANCDS BRE APPLICATION FOR ACCREDITATION

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

A. Administrative Leader

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

B. Residency Program Director - see Standard 4.1.1

The Residency Program Director has overall responsibility for the Residency Program and all residents. The Residency Program Director must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association, and ideally also holds BC-ANCDS. The Residency Program Director is responsible for ensuring compliance with BRE Accreditation Standards, maintaining BRE accreditation documentation, and completing and submitting all accreditation related applications (e.g., IARA, ARA, AR). The Residency Program Director oversees all residents, Supervising Practitioners, and Mentors in their roles supporting the residency program. The residency program may designate a Contact Person who serves as a conduit for communication between the Residency Program Director and the BRE.

The Administrative Leader may also serve as the Residency Program Director. In this case the Administrative Leader must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

C. Supervising Practitioner - see Standard 4.1.2

The Supervising Practitioner is responsible for all resident activities occurring under the professional supervision of the speech-language pathologist. The Supervising Practitioner is responsible for organizing and overseeing the entire range of activities and experiences for each resident. The Supervising Practitioner must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate the Certificate of Clinical Competence from the American Speech-Language-Hearing Association, and ideally also holds BC-ANCDS, demonstrating 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.

The Administrative Leader and/or Residency Program Director may also serve as a Supervising Practitioner. In this case the Administrative Leader must hold a graduate degree

in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

D. Mentor – See Standard 4.1.3

Residency program mentors supervise residents during academic and clinical learning experiences.

Speech-Language Pathology mentors supporting the residency program must have expertise in neurologic based communication disorders, must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association. Ideally speech-language pathology mentors also hold BC-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.

The Administrative Leader, Residency Program Director, and/or Supervising Practitioner may serve as mentors.

SECTION B: APPLICATION

I. PROGRAM SITE DATA

A. Sponsoring Institution

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

B. Administrative Leader

Name:
Credentials:
Title:
Email:
Phone:

C. Residency Program Director

Name:
Credentials:
Title:
ASHA # (if applicable):
Email:
Phone:

II. GENERAL INFORMATION ABOUT THE PROGRAM

A. Name of the proposed residency 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)?

Complete the Application for Residency Accreditation on SurveyMonkey Apply at https://ancdsbre.smapply.us/ See below for the required information.

STANDARD	STANDARD REQUIREMENTS
Standard 1.0: MISSION, GOALS, and OUTCOMES	
1.1 The residency program's mission statement aligns with the sponsoring organization's mission statement. The residency program must develop and publish a mission statement that communicates the residency program's purpose and commitment to providing quality advanced education to speech-language pathologists in neurologic communication disorders that results in enhanced patient care.	▪ Provide the mission statement of the residency program. o Describe how the mission will be used to guide the delivery of a program that will produce practitioners prepared to provide advanced care of patients with neurologic communication disorders. ▪ Provide the mission statement of the sponsoring organization. o Describe how the mission of the program aligns with the mission of the sponsoring organization. ▪ Describe how the residency program's mission is systematically evaluated. ▪ Describe the residency program's process for systematically evaluating how it is fulfilling its mission.
1.2 The residency program goals support the achievement of the mission. **1.2.1** The program must establish a clear set of goals that must be met for residents to acquire the knowledge and skills needed for advanced specialty practice in the area of neurologic communication disorders. **1.2.2** The program must establish a goal for residents to apply for BC-ANCDS.	▪ Provide the residency program's goals in support of the program mission. ▪ Describe how the residency program's goals are systematically evaluated to ensure they remain congruent with the program's mission. ▪ Describe how the residency program will encourage Residents to apply for BC-ANCDS.
1.3 The residency program must develop outcome measures that identify measurable behaviors which describe the knowledge, skills, and affective behaviors residents gain upon completion of the program.	▪ Provide the residency program's outcome measures. ▪ 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	▪ Describe the procedure for curriculum development and regular, systematic review, including review of

reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession	rationale, responsible persons, and process for and frequency of 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.	▪ Provide, in sequential order, a list of didactic and clinical learning opportunities, along with the length of each experience.
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.	▪ Provide an outline of the residency program plan for an individual resident from entry into the 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.	▪ Describe the clinical experiences that are available at the program facility.
2.5 The residency program must formatively and summatively evaluate each resident's mastery of curriculum content based on performance measures and	▪ Provide a description of the procedures for formative and summative evaluations, as well as a timeline and a list of person(s) responsible for providing the evaluations.

feedback. Summative evaluations must be administered at least 2 times per year. Formative assessments will occur at regular intervals throughout the residency to provide ongoing feedback to residents regarding clinical knowledge and skills, and to provide a basis for summative assessments. Feedback provided to the resident must be documented.	
2.5.1 The residency program has policies and procedures to provide remediation for each resident who does not meet program expectations for the acquisition of knowledge and skills.	▪ Provide a description of the procedure for remediation, including how the need for remediation will be determined, procedures for remediation, timeline for remediation and responsible person(s).
2.5.2 The residency program has policies and procedures for a resident's noncontinuance in the residency program for underperformance or unsuccessful remediation.	▪ Describe how it will be determined that a resident will not be permitted to continue in the program if remediation is unsuccessful and the procedure and timeline for terminating the residency.
2.6 The residency program offers a plan of study that encompasses the following competency areas:	
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

	• Etiologies and neuropathologies of neurologic communication disorders and application of knowledge to assessment and treatment of individuals with:
	  ○ Language disorders
	  ▪ Vascular
	  ▪ Nonvascular (e.g., neoplastic, infectious)
	  ▪ Degenerative
	  ○ Non-aphasic cognitive communication disorders
	  ▪ Traumatic brain injury
	  ▪ Right hemisphere disorders
	  ▪ Degenerative
	  ▪ Disorders of motivation (abulia, akinetic mutism, adynamia)
	  ○ 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 and 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
	▪ Describe the mechanisms (e.g., formal presentations, clinical rotations, teaching) through which these areas will be addressed.

2.6.2 Assessment of individuals with neurologic communication disorders.	▪ 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 (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 • 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 determines appropriateness of assistive technology and/or prosthetic devices • Based on assessment and anticipated outcomes, develop, communicate, and provide evidence-based treatment recommendations.
2.6.3 Interventions/treatment for individuals with neurologic communication disorders.	▪ Describe the procedures for evaluating the following treatment/intervention skills, including who will evaluate the resident:

	• Collaborate with the 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:
	  ○ Language disorders
	  ▪ Vascular
	  ▪ Nonvascular (e.g., neoplastic, infectious)
	  ▪ Degenerative
	  ○ Non-aphasic cognitive communication disorders
	  ▪ Traumatic brain injury
	  ▪ Right hemisphere disorders
	  ▪ Degenerative
	  ▪ Disorders of motivation (abulia, akinetic mutism, adynamia)
	  ○ Motor Speech Disorders
	  ▪ Dysarthria
	  ▪ Apraxia of speech
	  ▪ Neurogenic stuttering
	  ○ 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., tele-rehabilitation, computerized treatment)
	• Collaborate with other staff to provide interprofessional services and make 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 use 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 plans 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.
2.6.4 Professional practice responsibilities for individuals with neurologic communication disorders.	▪ Describe procedures for evaluating how well the resident fulfils the following professional practice responsibilities: • 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.
2.7 The residency program is a post-graduate (master's degree minimum) 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	▪ Describe how the planned didactic and clinical activities will support learning. ▪ Describe the plan for resident mentoring.

experiences, as well as on-going clinical mentoring by experienced speech-language pathologists.	
2.7.1.1 Key learning Activities and 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.	▪ 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 Board of Clinical Certification guidelines for preparing a written case study), research, QI (Quality Improvement) project, publication, and/or presentation.
2.7.1.2 The residency program requires 12 months full-time equivalency with a minimum of 1100 hours of direct program activities dedicated to neurologic communication disorders distributed over no more than 24 months.	▪ Describe the duration of the residency and the number of hours, including direct program activities.
2.7.2 The residency program must be designed to advance the resident's knowledge and skills in evidence-based management of individuals with neurologic communication disorders.	▪ The residency program understands and affirms that the focus of ANCDS BRE accreditation is educating residents specifically in the area of *neurogenic communication disorders*.
2.7.3 The residency program should prepare residents to practice in a culturally competent way within a diverse society.	▪ Describe how the residency program will include didactic and clinical experiences to prepare a resident to practice in a culturally diverse community.
2.7.4 Upon completion, the resident is expected to	▪ Describe how the residency program experiences will allow the resident to meet the requirements for the

demonstrate competencies required for employment as a speech-language pathologist holding the ASHA CCC-SLP, in practices focusing on serving individuals with neurologic communication disorders.	ASHA Certificate of Clinical Competence. Also describe who will complete the ASHA Clinical Fellowship Skills Inventory (CFSI) and submit to ASHA.
2.7.5 After 3 years of full-time employment as a speech-language pathologist focusing on neurologic communication disorders, the resident is expected, but not required, to apply for and earn BC-ANCDS.	▪ Describe how the residency program will follow up with the residents after three years to encourage them to apply for BC-ANCDS.
2.8 Completion Requirements. At the end of the program, the residency program must verify that residents met completion requirements. The Residency Program Director awards a certificate of completion to residents who successfully complete the program and demonstrate all the required competencies.	▪ Describe how the residency program will verify that residents met completion requirements, including how the organization's Program Director will award a certificate of completion to residents who successfully complete the program and demonstrate all the required competencies.
2.8.1 For residents who do not hold clinical certification, the 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.	▪ Describe how the residency program will ensure residents can meet the requirements for the ASHA Certificate of Clinical Competence even if they have not met the BRE residency program requirements.
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	▪ Describe how public information about your program will be accessed (see examples below). • Catalogs – printed • Catalogs – online (provide URL) • Clinic handbook – printed • Clinic handbook – online (provide URL.) • Faculty handbook – printed

must be maintained, including procedures and admission practices.	• Faculty handbook – online (provide URL) • Student handbook – printed • Student handbook – online • Program websites (provide URL) • Printed brochures • Other printed resources (specify) • Other resources – online (provide URL) • Other (specify) ▪ Describe the process and frequency for updating all other 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. ▪ Describe who is responsible for ensuring that the information about the program and the institution that is being communicated to students and to the public is readily available, current, and accurate, e.g.: • Administrative assistant • Clinic director • Faculty member • Program director • Other (specify)
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.	▪ Describe how information regarding equitable treatment will be communicated to residents, e.g.: • Application materials • Catalog (provide URL) • Student handbook (provide URL) • Student orientation • Website or intranet (provide URL) • Other (specify) ▪ Describe how information regarding equitable treatment will be communicated to facility personnel, e.g., • Departmental/program meetings • Employee handbook (provide URL) • Employee orientation • Website or intranet (provide URL) • Other (specify)

	▪ Describe how information regarding equitable treatment will be communicated to persons served in the facility, e.g.: • Brochures • Clinic materials • Posted signage • Website or intranet (provide URL) • Other (specify) ▪ List policies/procedures in place to ensure compliance (blind review, electronic or physical security of information). ▪ For ongoing review only: List any instances of noncompliance. 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).	▪ Describe how the program will terminate the training of residents who become ineligible to practice (e.g., due to loss of license or practice privileges). ▪ Describe the infractions or conditions that may result in termination. ▪ 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.	▪ Describe how residents will file a complaint against the program. ▪ Describe the methods the program will use to maintain a record of: • Complaints that are initiated within and outside of the institution • Litigation alleging violations of policies and procedures • Verification that appropriate action was taken to address the complaints.
3.5 The residency program must develop and implement policies and procedures allowing residents to appeal adverse decisions made by the program.	▪ Describe how residents will appeal adverse decisions made by the program. ▪ Describe the methods the 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.	▪ Describe how the residency program will accommodate resident leave for illness, family concerns, and professional development. ▪ Describe sick, family, and professional leave policies.

	▪ Describe leave limits and the impact of extended leave on 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 of the program.	▪ 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** *Administrative Leader.* This individual is the administrative leader of the unit or service or department hosting the proposed residency program. Internal titles may include those such as Chief, Head, Chair, or Department Chair. **4.1.2** *Residency Program Director*. The Residency Program Director has overall responsibility for the residency program. The Residency Program Director must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical	▪ Affirm the credentials of the Residency Program Director.

Competence from the American Speech-Language-Hearing Association, and ideally also holds BC-ANCDS. The Residency Program Director must hold a full-time appointment in the organization.	
4.1.2.1 The residency program must provide the Residency Program Director with adequate time and resources to meet the mission and goals of the residency program.	▪ Affirm that the Residency Program Director has adequate time and resources to complete program responsibilities.
4.1.3 *Supervising Practitioner*. The supervising practitioner is responsible for all trainee activities occurring under supervision. The Supervising Practitioner must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, and if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association and ideally holds BC-ANCDS and expertise in neurologic based communication disorders.	▪ Affirm that all Supervising Practitioners 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, Ph.D., SLP-D, record of professional accomplishment) and are involved in all major areas of the residency program, including curriculum development, clinical experience supervision, mentoring, and resident advising.
4.1.4 *Mentor*. The residency program must engage a sufficient number of mentors who possess demonstrated expertise in neurologic communication disorders including the appropriate	▪ Affirm that all 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.

credentials to support the program's mission, goals, and outcomes.	
4.1.4.1 At least one mentor must demonstrate evidence of substantial experience (minimum 3 years) and expertise in the assessment and treatment of individuals with neurologic communication disorders (e.g., BC-ANCDS, Ph.D., SLP-D, record of professional accomplishment). This mentor must be involved in all major areas of the program including curriculum development, clinical experience supervision, mentoring, and resident advising.	▪ Mentors who are speech-language pathologists must hold a graduate degree in speech-language pathology, licensure to practice speech-language pathology, if appropriate, Certificate of Clinical Competence from the American Speech-Language-Hearing Association and ideally holds BC-ANCDS.
4.1.4.2 Collectively, residency program mentors must have the qualifications necessary to oversee and provide the learning experiences of the residency program.	▪ Residency program mentors from other disciplines (e.g., physicians, nurses, allied health professionals) must hold the appropriate certifications and licensures for their disciplines.
4.1.4.3 The residency program must provide mentors with adequate time and resources for mentors to meet the mission and goals of the residency program.	▪ Describe how the residency program will provide time and resources for mentors.
4.1.4.4 The residency program must provide ongoing professional	▪ Provide examples of ongoing professional development experiences for mentors

development experiences for mentors to ensure maintenance of competence and to support their role(s) within the program.	
4.1.5 *BC-ANCDS.* The residency program must have at least one staff member who holds BC-ANCDS.	
4.1.5.1 If a program does not have a staff member with BC-ANCDS, the program must demonstrate that at least one staff member has 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 [Ph.D., CSD, SLP-D], or record of professional publication or accomplishment).	▪ Describe the qualifications of the staff member if 4.1.5.1 applies to the residency program.
4.1.5.2 If the program 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.	▪ Acknowledge that if a staff member does not hold BC-ANCDS within 5 years from the date of initial accreditation, the program may lose accreditation.
4.2 The residency program's patient population must be sufficient in number and variety to meet the program's mission, goals, and	

outcomes. The program must provide sufficient mentored clinical practice experiences with the populations to allow residents to develop the expected competencies delineated in Standard 2.6. **4.2.1** The residency program must provide sufficient representation of the neurologic communication disorders Specified in Standard 2.6. **4.2.2** The residency program must provide sufficient mentored, hands-on clinical experiences across patient categories specified in Standard 2.6. **4.2.3** For low incidence disorders, the residency program may provide simulation and/or supplemental experiences using combinations of methods such as observation, case study, Interprofessional Education (IPE) observation, rounds, and surgical observation.	▪ Application materials must include: ▪ Documentation of patient diagnostic demographics (non-PHI) ▪ Documentation methods for tracking sufficient mentored, hands-on clinical experiences across patient categories ▪ Describe the documentation methods for tracking sufficient mentored, hands-on clinical experiences across patient categories. ▪ Describe supplemental experiences/methods that will be used to provide residents with experience with these disorders.
4.3 The residency program must provide access to current publications and other relevant materials and media to support the curriculum.	▪ Describe media and materials that are available to support the curriculum, e.g.: • Facility librarian or other access to current journals • Digital instructional 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.	▪ 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

4.4.1 The residency program must have a policy and procedures to review, maintain, and update materials consistent with standards of practice and equipment maintenance (e.g., American National Standards Institute [ANSI]).	▪ Describe materials and equipment that are available to meet the mission and goals of the residency program.
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** The residency program ensures that residents are protected from liability claims related to performance of their clinical duties.	▪ 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. ▪ 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.	▪ 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 outcomes data and adjusts program content and processes to provide continuous improvement of the program.	▪ Describe how the residency program will use the data collected to inform continuous improvement processes. ▪ For ongoing review: • Which data were reviewed for this accreditation cycle? • By whom? ▪ Describe how the residency program was adjusted in response to the outcome data.

5.3 The program develops a process and systematically evaluates the Residency Program Director's leadership.	• Describe how the program evaluates the effectiveness of the Residency Program Director's leadership. • Provide a copy of the evaluation process policy. • Provide the data from the most recent evaluation.
5.4 The residency program uses key indicators to annually monitor and measure the achievements of the program.	▪ Key indicators may include: • Number of residents who apply for BC-ANCDS. • Mechanism the program will use to determine the number of residents who applied for BC-ANCDS and were awarded BC-ANCDS. • Mechanism the 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 program will use to determine the number of residents who are pursuing further education in the CSD professions. • Mechanism the 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 outcome data that relate to residents' achievements and that are accessible to stakeholders.	▪ Describe how public information about residents' achievements will be accessed (provide URLs for all online sources). For example: • Catalogs – printed, online • Clinic handbook – printed, online • Personnel handbook – printed, online • Resident handbook – printed, online • Program websites • Printed brochures (specify) • Other printed resources (specify) • Other online resources • Other (specify) ▪ Describe the process and frequency for updating outcome data and for maintaining its currency and accuracy. ▪ Describe who is responsible for ensuring that the outcome data are readily available, current, and accurate. • Administrative assistant • Residency Program Director • Supervising Practitioner

	• Other (specify)