

**SPECIALTY BOARD ON FLUENCY DISORDERS**  
**2560 RCA Blvd., Suite 106**  
**Palm Beach Gardens FL 33410**

**BRS-FD APPLICATION AND SPECIALTY RECOGNITION PLAN (SRP)**

**I. Purpose of the Form:**

Submission of the BRS-FD Application and Program Plan has four purposes: (1) it officially notifies the Board of an individual's intent to seek Specialty Recognition in Fluency Disorders; (2) it provides the Board evidence of the individual's eligibility; (3) it details the prospective applicant's plan for completing the educational and guided experience requirements for Specialty Recognition, and (4) it serves to formalize the applicant/mentor relationship.

The BRS-FD Application and Program Plan must be completed by the applicant in collaboration with a mentor (contact the Specialty Board on Fluency Disorders for assistance in locating a Board Recognized Mentor). The completed form must be submitted to the Specialty Board on Fluency Disorders and approved prior to the initiation of the applicant's guided clinical practice activities. A copy of the completed form should be retained by the applicant and mentor, both of whom must sign the form.

A fee of \$200.00 must accompany the submission of the (SRP). The check is made payable to "SBFD" and is sent to the Administrative Office along with the Plan.

**II. Applicant Identification**

**Name** \_\_\_\_\_

**Professional Address**

**Org** \_\_\_\_\_

**Street** \_\_\_\_\_

**Suite/Floor** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Professional Email** \_\_\_\_\_

**Professional Web site** \_\_\_\_\_

Fax # \_\_\_\_\_

ASHA # \_\_\_\_\_

### III. Mentor Identification

Name \_\_\_\_\_

Professional Address

Org \_\_\_\_\_

Street \_\_\_\_\_

Suite/Floor \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Professional Email \_\_\_\_\_

Professional Web site \_\_\_\_\_

Fax \_\_\_\_\_

ASHA # \_\_\_\_\_

### IV. Evidence of Eligibility

**Please attach evidence of the following:**

- A minimum of 2 years of full-time equivalent clinical experience that includes clinical experience with clients having a fluency disorder. The applicant's Clinical Fellowship Year (CFY) may be used in fulfilling the required 2 years of full-time equivalent clinical experience. This may be submitted in the form of a letter from a supervisor or the like and must be written on official letterhead.
- An official transcript of successful completion of a graduate level course devoted to fluency and fluency disorders with a grade of B or better from a program accredited by the ASHA Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). If such a course has not been completed, indicate how this requirement will be met prior to initiating the proposed educational and guided practice experiences.

- Evidence of a current ASHA Certificate of Clinical Competence in Speech-Language Pathology. Your current ASHA membership card may be copied for this purpose.

## **V. Specialty Recognition Plan (SRP)**

Completion of these continuing education experiences and guided practice activities may occur concurrently; however, the applicant and the mentor must be sensitive to appropriate and professional sequences to ensure that knowledge precedes clinical practice. Note however, that a minimum of 25 hours of observation must be completed BEFORE direct clinical activity can begin. Revisions in the program plan must be submitted by the applicant and mentor for the Board's approval. The final program plan must contain the signatures of the applicant and the mentor and be approved by the Board **before** initiation of the Program. The applicant will be notified of the plan's approval or request revisions in writing within 60 days of receipt of the Program Plan.

### **A. Continuing Education Requirements**

**Please attach typewritten page (s) (using at least a 10-12 pt. font) indicating your planned Continuing Education experiences. Please include titles, brief description and projected completion date(s).**

Your SRP must include a minimum of 100 hours (10 ASHA approved Continuing Education Units). These 10 CE units must meet the following guidelines:

- The 10 CEUs (100 hours) must be ASHA approved and distributed across educational experiences that concern the nature, assessment, and treatment of fluency disorders in children and adults.
- In the case of post master's graduate coursework, related to fluency disorders, each one semester hour of coursework from a regionally accredited institution of higher learning is deemed equivalent to 1.5 CEUs (excluding the required graduate level course devoted to fluency and fluency disorders). Each quarter hour of coursework from a regionally accredited institution of higher learning is deemed equivalent to 1.0 CEUs (excluding the required graduate level course devoted to fluency and fluency disorders). Only coursework receiving a grade of "B" or better will be accepted. Coursework can account for a maximum of six (6) CEUs.
- CEUs must have been obtained no more than 10 years prior to the program submission date.

### **B. Guided Clinical Practice Requirements**

**Please attach typewritten page (s) (using at least a 10-12 pt. font) indicating your plan for Guided Clinical Practice and projected completion date(s).**

Your SRP must include the two phases of guided clinical practice listed below as they relate to the assessment and treatment of children and adults with fluency disorders. The SRP must also address a variety of effective therapy techniques using the "Guidelines for Practice in Stuttering Treatment" (American Speech-Language-Hearing Association,

1994) as a frame of reference (available on the SBF D website: [www.stutteringspecialists.org](http://www.stutteringspecialists.org)).

All clinical activities should include attention to the affective, behavioral, cognitive and linguistic aspects of fluency and stuttering. The two phases of guided practice must be addressed in no fewer than 100 clock hours in the following sequence and with the provision of supportive feedback to enable the applicant to improve their clinical skills:

1. Observation and Case Studies: Phase 1 involves applicant's observation of the mentor, and/or clinicians approved by the mentor, role playing, engaging in clinical discussion with mentor (25 clock hours of the 100-hour minimum requirement). Twenty-five (25) hours of observations must be completed before Phase 2 (Direct Clinical Activity) can begin.

2. Clinical Activity: Phase 2 consists of the applicant demonstrating an appropriate level of proficiency to the mentor through the applicant's direct contact with clients/families. Phase 2 requires carrying out these skills with clients, under the continued supervision of the mentor and/or clinicians approved by the mentor. Supplemental personal contact may include a variety of approaches, such as telephone conferences, audio and videotapes, and e-mail. (minimum of 75 hours).

## **VI. Candidate and Mentor Agreements**

### **A. Mentor Agreement**

I, the BRS-FD Mentor, have read and discussed with the Applicant the guidelines and policies of the Specialty Board on Fluency Disorders that pertain to mentorship. In addition, I am familiar with the standards in place to earn and maintain requirements of the Board and agree to abide by the guidelines pertaining to BRS-FD mentors. Having consulted with the applicant in the development of the educational and guided practice plans reported in this form, I indicate my approval of the applicant's plans with my signature below.

---

**Mentor's Signature**

**Date**

### **B. Applicant Agreement**

I, the Applicant, have read and discussed the guidelines and policies of the Specialty Board on Fluency Disorders that pertain to candidate/mentor relationships with the BRS-FD Mentor who is designated above. In addition, I am familiar the "Earning and Maintaining BRS-FD Recognition" requirements and agree to abide by the guidelines that pertain to Applicant.

---

**Applicant's Signature**

**Date**

## **VI. Summary of Requirements**

**Please submit the following:**

**1. Your current contact information**

**2. Your mentor's current contact information**

**3. Evidence of:**

- **2 years' clinical employment**
- **Official transcript of graduate course in fluency & fluency disorders**
- **Current CCC-SLP**

**4. Specialty Recognition Plan to include:**

- **Continuing Education Plan (100 hours or 10 CEUs)**
- **Guided Clinical Practice Plan (100 hours total)**

**5. A signed copy of the Mentor/Applicant Agreement**

**6. A check made payable to the "SBFD" for \$200.00 (US). Enclose the check with the copy that is sent to the Administrative Office:**

**Lizanne Blake, CCC-SLP, BRS-FD  
Specialty Board on Fluency Disorders  
2560 RCA Blvd., Suite 106  
Palm Beach Gardens FL 33410**