



SPECIALTY BOARD ON FLUENCY DISORDERS
2560 RCA Blvd., Suite 106
Palm Beach Gardens, FL 33410
SPECIALTY RECOGNITION PLAN (SRP)

The Standards for Specialty Recognition in Fluency Disorders were created to provide a fair and consistent method for preparing and assessing a set of knowledge and skills required for an individual to receive and maintain the advanced credential of Board Recognized Specialist – Fluency Disorders (BRS-FD.) The Specialty Recognition Plan (SRP) is the foundation for developing and achieving a plan by which the individual will meet the eligibility requirements for BRS-FD.

The SRP must be completed by the applicant in collaboration with their 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. Submission of the SRP has four purposes:

1. It officially notifies the Board of an individual's intent to seek BRS-FD.
2. It shows that the individual is eligible for specialization.
3. It details the prospective applicant's plan for completing the requirements for BRS-FD.
4. It serves to formalize the applicant/mentor relationship.

Attached is an example of how an applicant can demonstrate their prospective course of action to complete the process. The Board urges applicants to include **as much detail as possible**. Being vague typically results in the board asking questions which may delay your approval. In addition, every plan should include a diverse set of observations, experiences and continuing education opportunities which cover a variety of ages, severities and theoretical perspectives. Please remember that the SRP may be revised and/or updated each year. Thus, it is a tentative map outlining an applicant's current plan.



SPECIALTY RECOGNITION PLAN
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Applicant:		
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Fax: ()		
ASHA #		
Mentor:		
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Fax: ()		
ASHA #		



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I have provided the following to document that I am eligible to begin the specialization process:

- A copy of my current ASHA Card or Certificate of Clinical Competence in Speech-Language Pathology issued by The American Speech-Language Hearing Association (ASHA).
- Documentation of my professional work experiences attesting that I have accumulated at least 2 years full-time equivalent clinical experience.
 - A signed letter on official letterhead from an administrator or supervisor attesting to the types and ages of clients served.
(If in private practice, a current curriculum vitae is enclosed)
- An official transcript showing that I completed 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).
- Specialty Recognition Plan to include:
 - Continuing Education Plan (100 hours or 10 CEUs)
 - Guided Clinical Practice Plan (100 hours total)
- Signed candidate and mentor agreement form
- A check made payable to the “SBFD” for \$200.00 (US).



SPECIALTY RECOGNITION PLAN Sample

Continuing Education: A minimum of 10 ASHA approved CEU's (100 hours) distributed across educational experiences that concern the nature, assessment, and treatment of fluency disorders in children and adults are needed. Below is a tentative outline for how these will be achieved.

CEU Activity				
Name of CEU activity	# CEU Credits	Description	Proposed date and location for completion	√ when Completed
Fluency Management in the Schools	3	This workshop was presented at the PSLHA Conference by Dr. James Buffett.	April 14, 2009	√
Adult Cluttering	2	This workshop was presented at ASHA by James Neutron and covered diagnostic/intervention principles of cluttering	February 25, 2010	√
Stuttering and Teenagers	3	I will attempt to attend this talk next year at the NSA conference.	June, 2010	
Journal of Fluency Disorders	3	I will review 2 issues and complete the CEU sections for approximately 3 CEUs. If another issue is required, I will complete the CEU section for that issue.	December, 2010	



SPECIALTY RECOGNITION PLAN Sample

Guided Clinical Practice: Two phases of guided clinical practice must include a minimum of 100 clock hours. Below is an outline of how these will be achieved.

Phase #1 - Observation and Case Studies: (25 Hour Minimum)				
Name of mentor	Hours	Description	Proposed date and location for completion	√
Charles Van Riper	8	I will observe Charles doing therapy in his office with adults who stutter.	Michigan Speech Clinic. November, 2010	
Bob Hope	7	I will work with Bob telephonically. He will create scenarios and I will role play how to work through them in therapy.	Once per month for an hour between August, 2010 and February, 2011	
Mary Tudor	10	I will participate in Stuttering Rounds once a month in their clinic. We will be discussing case management issue specific to children who stutter.	September, October, November 2010	

Phase #2 - Clinical Activity (75 Hour Minimum)			
Client Age	Description	Proposed date and location for completion	√
Preschool	Currently I see approximately 3 pre-school children who stutter and their parents per year. This will allow me to obtain a minimum of 5 hours per month working with this age group. Therapy will include individual intervention and parent counseling.	Bob's Speech Clinic	
School-Aged	School-aged children make up the bulk of my case load and I can easily obtain 8-10 hours of direct clinical time with this population per month.	Bob's Speech Clinic	
Adult	In order to have experience with adults who stutter, I will be working for a company that does per diem work. I will attempt to accumulate 10 hours total in this area.	Therapy Masters. January 2011	

Mentor's Signature

Date

Applicant's Signature Date

Date

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