State Licensure, National Certification, and Continuing Education

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ABSTRACT

Without close inspection, the value, effectiveness, and differences between licensure and certification, two important credentialing qualifiers for audiologists, can be difficult to appreciate fully by both practitioners and consumers. Efforts to credential various health care providers have led to educational and political alliances with various groups that assist professional organizations and their members in developing guidelines and standards from conception to implementation. This article seeks to help the reader understand the history, nature, and goals of licensure and certification, and the role of continuing education in the process of maintaining one's private certification and licensure to practice in the profession of audiology.

KEYWORDS: Licensure, certification, continuing education, audiology

Learning Outcomes: As a result of this activity, the participant will be able to (1) differentiate between state licensure and national certification, and the various processes to acquire these credentials; (2) describe the evolution of credentialing and the value to the profession; and (3) list accepted types of continuing education to maintain licensure and/or certification.

Licensure and certification are two important credentialing qualifiers for audiologists. Certification, at the national level, sets minimal knowledge, skills, and experiences, establishing standards consistent among audiologists and across state lines. National certification is available through the American Speech-Language-Hearing Association (ASHA) and the American Board of Audiology (ABA). Licensure, on the other hand, specifies requirements for practice in a particular state. Licensing of professions and occupations has existed since the 1600s and many health care professions require licensure. It is state licensure, not

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certification, which gives the audiologist the right to practice.

Since 1961, national certification has been designed, described, and managed by ASHA, a group composed primarily of speech-language pathologists with proportional representation of audiologists. Audiologists employed with university programs or those serving as preceptors at off-campus practicum sites must maintain ASHA certification to participate in student training and supervision if the related academic program is accredited by ASHA. Certification through ABA, on the other hand, is a voluntary program, providing audiologists with a means to demonstrate their commitment to achieving and maintaining the highest professional standards. ABA certification is a nationally recognized standard that is not tied to membership in any professional organization. In contrast, individual state laws drive licensure. Although a licensing board may attempt to define and revise mandates, rules, and regulations, the board's existence rests in the hands of the state legislators. State lawmakers can decide to terminate a licensing board.

On the surface, the need and purpose of certification and licensure may not appear obvious. The history, nature, and goals of licensure and certification and the role of continuing education (CE) in the process of maintaining these credentials are addressed in this article.

STANDARDS

To gain a greater appreciation of the nature and impact of licensure and certification, the minimal requirements and the regulating agencies are described. To be skillful practitioners who serve the public effectively, individuals seeking to work in health care professions aspire to meet educational requirements that lead to the acquisition of licensure and/or certification. These requirements, or standards, are addressed at two different points in one's career: preparatory education and CE. Preparatory education lays the foundation necessary for an individual to enter a chosen profession. CE refers to the broadening of that knowledge and acquisition, and updating of skills necessary to maintain professional licensure, and if so desired, national certification.

STANDARDS ORGANIZATIONS

Preparatory standards are designed and implemented by agencies seeking to create a common level of education for those institutions training individuals entering a chosen field. For instance, a university speech and hearing department accredited by the ASHA Council on Academic Accreditation (CAA)[1] graduates students who have met specifications of learning, which expedites their applications for certification and licensure. ASHA is not alone in accrediting educational programs (Table 1). In 2002, the American Academy of Audiology (AAA), the Academy of Dispensing Audiologists (ADA), and the Organization of Program Directors founded the Accreditation Commission of Audiology Education (ACAE), a new accreditation agency, which seeks to endorse training programs granting the Doctor of Audiology (Au.D.) degree. ACAE has been working to implement standards at several institutions of higher learning. Graduate and professional programs in audiology that meet the standards of ACAE or CAA adhere to basic educational and clinical requirements for those planning to enter the field of audiology. This recognition is portable to any region of the country, helping to facilitate the graduate's applications for state licensure and national certification. Table 1 lists the three types of credentials, the credential-granting bodies, and which constituency places value on the particular credential.

LICENSURE

An audiologist must obtain a license to practice in a particular state. Qualifications for licensure and requirements to maintain a license vary from state to state.

Licensure is a personal right conferred on an individual by an authorizing body, such as a state board or agency, to practice a specific profession or engage in a particular occupation.[2] The practitioner must qualify to obtain licensure based on minimal criteria established by a state government–appointed body before being able to practice a particular profession or occupation. When an individual obtains a license to practice in a state, she or he is legally bound to adhere to its licensing law.[3]

Occupational licensure has its roots in workers' guilds dating back to the 10th century in England. The first record of regulating occupations and professions was in 1639, with the medical practice act in Virginia. By 1900, a majority of states had licensure laws for attorneys, dentists, pharmacists, physicians, and teachers. By 1960, additional occupations and professions were licensed, including accountants, nurses, real estate brokers, barbers, hairdressers, chiropractors, and funeral directors. At present, more than 800 professions and occupations are licensed in one or more states. As of September 2005, 50 states regulate audiology through licensure; Colorado regulates the profession through registration.[4]

The primary purpose of licensure is consumer protection:

> The sole legislative purpose for enacting this part is to ensure that every speech-language pathologist and audiologist practicing in this state meets minimum requirements for safe practice in this state. 468.1105, Florida Statutes, Title XXXII, Chapter 468

It is a means by which the state can protect its citizens from unethical or poorly trained practitioners:

> It is declared to be a policy of the State that in order. . ..to protect the public from being misled by incompetent, unscrupulous and unauthorized persons and from unprofessional conduct on the part of qualified speech-language pathologists and audiologists. §6002, Title 32, Chapter 77, Maine PL 1997

> It is the legislative intent that speech-language pathologists and audiologists who fall below minimum competencies or who otherwise present a danger to the public health and safety be prohibited from practicing in this state. 468.1105, Florida Statutes, Title XXXII, Chapter 468

Powers that are not granted to the federal government by the U.S. Constitution are reserved to the states, as described in the 10th Amendment of the U.S. Constitution. These powers, reserved for the states, usually pertain to health, safety, and welfare for the state's residents. Thus, licensing statutes allow a state to exercise its police power to protect the citizens in that state.

Because elected state officials cannot regulate every occupation and profession, licensing laws typically include the establishment of a licensure board or regulatory central agency within a state department or division. Such entities are supported by the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB), a nonprofit organization. The NCSB reference manual, *Licensure and Regulation in Speech-Language Pathology and Audiology*, includes characteristics and examples of state licensure laws, illustrations of rules and regulations, and the role of a licensure board and licensure examinations.

LICENSURE LAWS

Licensure laws are enacted legislatively. A bill passed by a state legislature becomes a statute, and thereby a law that governs conduct within the scope of that law. Such laws establish general guidelines for state regulation of a profession. For example, a state legislature passes a law to establish an administrative agency such as a board or central agency, which in turn regulates the practice of audiology in that state. Each state's licensing law is unique, although many licensing statutes have common features including definitions of terms, board structure and function, minimal requirements for licensure, scope of practice definitions, reciprocity, exemptions, fees, CE requirements, grounds for suspension, and penalties. Subsequently, the board or central agency writes and adopts administrative rules and regulations, which serve to interpret, supplement, and provide details and additional information regarding the mandates of the law. For example, if the statute mandates that licensing candidates take and pass an examination, the regulatory board must develop an appropriate examination (or approve the use of an examination extant), after considering the subject areas to be included and setting the minimum passing score. Rules and

Table 1 Standards Organizations

Credential Type	Credential-Granting Body	Where Credential Is Valued	Who Applies for Credential
Accreditation	ACAE, CAA	Academia	College/university
Certification	ABA, ASHA	Profession; public	Professional
Licensure	State licensing boards	Profession; public	Professional

ACAE, Accreditation Commission of Audiology Education; CAA, Council on Academic Accreditation; ABA, American Board of Audiology; ASHA, American Speech-Language-Hearing Association.

regulations must be consistent with the enabling statutes.

Licensing boards are reviewed periodically by state legislatures, a process known as sunset review. Under sunset review, legislators evaluate the need for continued regulation of a particular profession or occupation, leading to the reauthorization of the regulatory board. Without positive action by the legislature, a board can be terminated (or sunsetted). By 1984, 38 states included sunset legislation for occupational and professional licensing boards.

The primary purpose of licensure is consumer protection and protection of public trust. Licensing is a means to ensure that practitioners have minimum skills and knowledge required to perform services effectively and ethically. The Council on Licensure, Enforcement and Regulation (CLEAR) is currently the international resource for any entity or individual involved in the licensure, nonvoluntary certification, or registration of occupations and professions. According to the 1987 CLEAR *Board Member Training Manual*, proponents of licensure claim "the purpose of licensure is to raise the standard of practice, ensure quality service, and establish accepted codes of ethical behavior." However, critics of licensure argue that "licensure restricts entry into the profession, decreases competition and innovation, results in higher costs of services to consumers," and does not ensure practitioner competence.[2]

As indicated, 50 states have licensure laws for the practice of audiology and one state (Colorado) registers audiologists. Florida was the first state to regulate audiology in 1969; Idaho is the most recent state to obtain licensure with the signing of H.B. 247, the Speech and Hearing Practice Act, in April 2005. The District of Columbia is the only entity in the United States that does not license one or both professions.

Long and cumbersome legal processes often precede the establishment of state licensure law. This was recently exemplified in Michigan when the governor signed Senate Bill 206 (Public Act 97) in 2004, requiring licensure, regulation, CE, and fees for audiologists practicing in the state. The law was signed after decades of debate and numerous failed attempts by audiologists and their supporters.

One component of the new law was the creation of a nine-member Michigan Board of Audiology within the Michigan Department of Community Health (MDCH). This board was appointed by the governor, following a period during which interested audiologists, otolaryngologists, and others were interviewed. Appointments of five audiologists and four other members were based on professional and public service experience. The Board and the MDCH generated standards and guidelines specific to issuing and maintaining an audiology license in the state. Often, after the enactment of a bill, a period of 12 to 24 months can elapse before license granting commences.

CONTINUING EDUCATION

State licensure is a regulatory mechanism to protect the consumer by means of education, examination, and experience requirements. However, obtaining a license does not necessarily ensure continued professional competence. Maintenance of professional competence, though essential for the purpose of protecting consumers, can be difficult for a state regulatory

Table 2 Summary of Continuing Education Clock Hours

Number of Clock Hours	State	Time Period (yr)
8	Arizona	1
10	Arkansas	1
	Louisiana	
	New Mexico	
	North Dakota	
	Tennessee	
10	Texas	2
	West Virginia	
12	Alabama	1
	South Dakota	
15	Kentucky	1
	Nevada	
20	Delaware	2
	Georgia	
	Illinois	
	Kansas	
	Maryland	
	Massachusetts	
	Michigan	
	Mississippi	
	Nebraska	
	New Jersey	
	Ohio	
	Oklahoma	
	Oregon	
	Rhode Island	
	Utah	
	Wisconsin	
	Wyoming	
24	California	2
25	Maine	2
30	Florida	2
	Iowa	
	Minnesota	
	Missouri	
30	New York	3
36	Indiana	2
40	Montana	2

(From Wilson et al State Licensure, National Certification and Continuing Education.)

authority to initiate and to substantiate within a licensing cycle. Periodic re-examination as a requirement for license renewal has been considered but is not widely accepted. States tend to prefer a more practical approach requiring mandatory CE activities while specifying a minimum number of hours as a prerequisite for renewal of a license (Table 2). According to CLEAR, CE consists of "educational opportunities beyond formal education and initial entry level into a profession to enable practitioners to maintain competence, to become aware of new developments, and to provide responsible, quality services.[2]" The purpose of mandatory CE is to ensure that licensees maintain or improve their clinical skills to provide to the consumer the highest level of quality care and service. According to the Delaware Board of Examiners, CE requirements "arise from an awareness that these fields are in a continual state of transition due to the introduction of new philosophies and the refinement of already existing knowledge. Speech-language pathologists, audiologists, and hearing aid dispensers should continually strive to update their clinical skills in an effort to deliver high quality services"[5]. Practitioners are encouraged to "regularly engage in continuing professional development and learning that is related and relevant to the profession of speech-language pathology and audiology"[6].

As of January 2006, 41 states require mandatory CE for license renewal, however, states vary in the specifics of CE requirements, including the type of activity, topics, training conditions, number of hours, and time period. Some states offer general descriptions of acceptable mandatory CE, whereas other states specify acceptable continuing competency learning activities. For the purpose of this article, four different states (Alabama, California, Maine, and New York) were selected randomly to investigate the variability of CE requirements. In addition, Florida (the first state to adopt licensure) and Michigan (one state to adopt licensure most recently) were added to review CE requirements.

Licensure became law in 1975 in the state of Alabama. Recently, the rules and regulations regarding mandatory CE were changed to require 12 hours on an annual basis. The criteria for approval for CE activities are "one hundred percent (100%) of the required CE hours shall include activities which improve clinical skills."[7] The rules specify that post-master's level courses

Table 3 Comparison of Continuing Education (CE) Requirements

Characteristic	ABA	ASHA	States
Number of CE hours per registration period	60 h per 3-yr registration period	30 h per 3-yr registration period	Variable per state from 8 to 40 h per registration period, which may run from 1 to 3 yr
Type of CE hours required by credentialing body	Two-tiered quality system with at least 3 h in ethics: tier 1 CE (15 h minimum), 3-h course with some form of outcome measures; tier 2 CE, conferences, courses, seminars, workshops, participation on professional boards, authoring an audiology-related article, chapter, or book, providing academic instruction	Permitted: workshops, seminars, conferences, forums, symposia, employer-sponsored in-service activities, sponsored journal study groups, grand rounds, teleconferences, videoconference and satellite television, conventions; not permitted: committee/board meetings, association membership and leadership activities, business meetings, work experience, entertainment and recreation, travel, unsupervised study	Variable types, as defined by each state's own requirements

ABA, American Board of Audiology; ASHA, American Speech-Language-Hearing Association; CE, continuing education.(From Wilson et al State Licensure, National Certification and Continuing Education.)

may be considered an acceptable activity, provided the course content directly improves clinical services to the consuming public.

In California, where licensure was adopted in 1974, licensees are required "to accrue at least twelve (12) hours of continuing professional development courses with no more than four (4) hours through self-study courses" during the renewal period.[8] A continuing professional development (CPD) course refers to "a form of systematic learning at least one hour (60 minutes) in length including, but not limited to, academic studies, extension studies, lectures, conferences, seminars, workshops, and self-study courses."[9] For an academic course, 1 hour of instruction is equal to a 1-hour CPD credit, an academic quarter yields 10 CPD hours, and an academic semester yields 15 CPD hours. Systematic learning refers to a method of learning with specific objectives that are measurable. A "self-study course" is defined as "a form of learning performed at a licensee's residence, office, or other private location including, but not limited to, viewing of videotapes, and listening to audiotapes, or participating in self-assessment testing (open-book tests that are completed by the licensee, submitted to the provider, graded, and returned to the licensee with correct answers and explanations of why the answer chosen by the provider was the correct answer)."[9] The provider of a course must ensure that the course content is relevant to the practice of audiology, related to direct or indirect patient care. Direct patient care includes specialty areas of practice, whereas indirect patient care involves pragmatic aspects of clinical care, such as legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and training in clinical supervision. The provider of the course also must ensure that specific objectives are presented and measured.

Table 4 Differences between Licensure and Certification

Characteristic	Licensure	Certification
Governance of professional practice	State-appointed committee	Elected or appointed from within a professional organization
Changes to the profession's definition, scope of practice	State legislature	Professional organization
Practice as a professional	Compulsory	Voluntary
Adherence to ethics	Compulsory	Compulsory
Where professional practice is affected	State wide	National
Mechanism for consumer protection	State agency	Professional organization
Continuing education	Variable standards	Set national standards per certifying organization
Portability	Dependent on reciprocity between states	National

As a condition for license renewal, the state of Florida requires 30 credit hours of board-approved CE with at least 20 hours in clinically related activities and 2 hours for completion of a course relating to prevention of medical errors. Clinically related is defined as providing "information, techniques, procedures, or protocols that can be applied in the direct assessment, treatment, diagnosis, or counseling of patients." Two hours of CE credit per year is granted to a licensee for "attendance at a regularly scheduled, face-to-face Board meeting." CE credit is available for a variety of activities, including attendance at a program for the presenters/moderators of an approved CE activity, teaching a graduate level course for the first time, non-paid directed clinical experiences in a work setting other than licensee's facility, and clinically related graduate level courses. Licensee-directed CE activities involve home study, correspondence, computer interactive, and audio and audiovisual courses, which include a means of testing to assess competency in the subject.

In Maine, 25 hours of continuing professional education (CPE) activities are required on a biennial basis for license renewal. The rules of the Maine Board of Examiners on Speech-Language Pathology and Audiology require that CE activities be clinically or professionally relevant with no more than 12 hours of professionally relevant activities, including up to 10 hours of ASHA-approved self-study. No more than 12 of the required 25 hours may be earned in professionally relevant CPE activities. As part of the license renewal process, the individual must submit a CPE package on a reporting form provided by the Board. The Board performs a random audit, reviewing the CPE package from licensees. Each activity must have a stated goal and objective. Furthermore, it is the responsibility of the licensee to demonstrate to the Board the relevancy and applicability of the CPE activity.

New York requires licensed audiologists to register every 3 years with the Education Department and must comply with the mandatory continuing competency requirements. Within the registration cycle, the licensee must complete a minimum of 30 hours of learning activities, which contribute to continuing competence and to professional practice in audiology. At least 20 hours must be pertinent to the scope of practice of audiology and the remaining hours may be in a related area. Professional area for audiologists includes the study of normal processes, and the assessment and treatment of hearing, speech, voice, and language disorders. Related areas include legal and regulatory issues, reimbursement issues, general supervision, business practices, pedagogical methodologies, and other matters of health care, law, ethics, and professional responsibility that contribute to the health and welfare of the public. Acceptable learning activities include, but are not limited to, "collegiate level credit and non-credit courses, self-study activities, independent study, formal mentoring activities,

publications in professional journals, and professional development programs and technical sessions."[10]

The Office of the Professions in the New York State Education Department provides a summary of acceptable continuing competency learning activities, including descriptions and limitations for each type of activity. The Education Law, Article 159, specifies "the department may, in its discretion and as needed to contribute to the health and welfare of the public, require the completion of continuing competency learning activities in specific subjects to fulfill this mandatory continuing competency requirement."[10]

Most state licensure boards also specify activities that would not be acceptable or credible to fulfill the CE requirement. For example, the Alabama Board of Examiners for Speech-Language Pathology and Audiology reports that unacceptable CE activities would include: (1) board and/or committee activities; (2) service delivery and activities that are part of one's routine employment activities; (3) activities aimed at personal growth and development, such as public speaking courses or Dress for Success Seminars; and (4) any lecture or CE program for which a licensee serves as the presenter. In California, course content considered outside the scope of continuing professional development include, but are not limited to, money management; personal business matters; basic educational subjects not related to the practice of audiology; general physical fitness or personal health; presentations by political or public figures; or courses addressing office operations, computerized record management, office productivity, employee benefits, marketing, or motivational topics.[11]

CE activities are sponsored by and available from numerous sources, including national, state, regional, and local professional associations and societies; federal and state agencies; universities; employers; private consultants; trade associations; manufacturers; and research organizations. In California, CPD services must be obtained from accredited institutions of higher learning, organizations approved as CE providers by either ASHA or AAA, the Institute for Medical Quality/California Medical Education Program, or other entities or organizations approved by the Speech-Language Pathology and Audiology Board. In addition, the continuing professional development requirements must comply with any guidelines for mandatory CE established by the California Department of Consumer Affairs. Courses offered by sponsors, which have been approved by certain entities, are approved for New York State continuing competency purposes. Those entities include AAA, ASHA, the International Association for Continuing Education and Training, the New York Department of State, the New York State Speech-Language-Hearing Association, and the New York State Education Department.

A program for earning ASHA continuing education units (CEUs) through professional learning experiences, called Learn & Earn, has been available since January 2004. This program offers CEUs through participation in preparing and providing presentations, publishing articles in peer-reviewed publications, earning academic credit, and forming journal study groups.

CERTIFICATION

National certification is available through ASHA and ABA. At present, audiologists employed by ASHA-accredited programs or those serving as preceptors at off-campus practicum sites must maintain ASHA certification to participate in student training and supervision if the related academic program is accredited by ASHA. ABA certification, on the other hand, is a voluntary program, providing audiologists with a means to demonstrate their commitment to achieving and maintaining the highest professional standards.

Certification generally can be defined as a voluntary process in which an individual has met and maintains a certifying body's prescribed set of standards, inclusive of basic knowledge and skills specific to a product or service, with the intent of benefiting users of the product or service. At present, there are two national certifications granted by separate organizations, which audiologists may elect to hold. The original certification, the Certificate of Clinical Competence in Audiology (CCC-A), has been administered by ASHA

for approximately 50 years,[12] whereas Board Certification in Audiology has been administered by ABA and available to audiologists since 1999.

The ABA and ASHA regard certification as a safeguard for the public, yet there are no known studies demonstrating whether public awareness of either certification is valuable. These organizations offer rationale for each certification, which includes the maintenance of "high professional standards," "portability," and usefulness in practice marketing plans.[13,14]

Historically, ASHA regulated certification of audiologists through its Clinical Certification Board until 2001, when the Council on Clinical Certification in Speech-Language Pathology and Audiology became effective. ASHA currently maintains audiology certification for more than 11,000 of its dues-paying members. Approximately 1200 audiologists pay ASHA fees to maintain certification without membership benefits. Throughout the years, the Council reviewed and made changes to certification standards while reflecting on current practices and trends in both disciplines, an arduous process due to the volume of work involving two distinct professional groups. Common certification requirements have included successful completion of a national examination in the discipline and a graduate degree from an accredited school of higher learning. Furthermore, a mainstay of the certification process for ASHA has been the supervised 9-month clinical fellowship year (CFY) required of the full-time working professional. An optional plan employing a longer duration fellowship was created for part-time workers. The duration of the CFY, viewed as facilitating the achievement of practical experience when entering the field as it was in the mid- to late 20th century, reflected both the typical school year and the scope of practice of the profession at that time. The practice patterns of audiologists and speech-language pathologists have matured and evolved in different directions; arguably, the well-recognized national examination and CFY have been criticized as anachronistic, inadequately reflecting the state of contemporary audiology education and practice. Political maturation and educational advancements by audiologists during the late 1980s and early 1990s fueled the development of an alternative option for certification in audiology. AAA was founded in 1988 as a professional association intended to facilitate educational, professional, and political gains unique to audiologists. Shortly thereafter, many members began to believe that audiologists should develop and support the Au.D. as the entry-level degree for the profession at a future time.

Philosophically, AAA sought to abandon the need for national certification, relying on individual state legislatures to regulate the practice of audiology. Despite the value of state licensure, some audiologists interpreted the denial of the need for ASHA's CCC-A as a political move. Over time, audiologists have come to support conceptually the idea of a national certification unaffiliated with membership in any professional organization, leading to the emergence of ABA Board Certification. Furthermore, the value of certification has been viewed as setting standards above the variety of standards of individual states, creating consistency on a nationwide basis.

The ABA grew out of a desire to create greater autonomy among audiologists while simultaneously creating a certificate signifying an advanced level of clinical practice. The Board of Governors of ABA considered it essential to remain administratively distinct from AAA, despite the organization's initial financial support. AAA and ABA mutually agreed to annul their fiscal relationship by 2008, with AAA decreasing its annual contributions since 2004. The initial certification format developed by ABA was similar to a previous model, yet created other unique requirements for initial application and maintenance. For example, ABA required CE as a means of maintaining an individual's certification free from membership in a parent organization. Finally, although requiring mentored supervision, ABA deemed that the equivalent of 12 months of practice (minimum of 2000 hours) had greater value and reflected the typical work pattern of a practicing audiologist. As of June 2005, more than 1000 audiologists have been awarded and maintain this credential.

The commitment to the process of becoming certified implies the individual's recognition of the importance of professional standards, ethical practices, and continued professional development. In formalizing and elevating the status of audiologists to other health care providers, clinical service consumers, and third-party payers, minimum competencies regulated in state licensing laws may be surpassed by ASHA and ABA certification requirements, particularly when a doctoral degree will become the entry-level requirement in 2012.

The audiology practitioner must personally decide the value of certification, determining whether ASHA certification, ABA Board Certification, or both are important to obtain. The effect of multiple certification systems on the consumer's choices for audiologic care is unknown. It would be instructive to determine if the presence of both certification systems confuses the consumer, or if the practitioner holding both certificates is viewed through the consumer lens as a superior provider of clinical services.

CERTIFICATION AND CE

The CE standards are designed and implemented by those agencies requiring a license or certification. For example, The Office of the Professions of the New York State Education Department sets the standards for individuals to obtain and maintain a license in speech-language pathology or audiology. Similarly, ABA and ASHA have unique sets of standards by which an individual obtains and maintains each organization's respective certification.

Despite various political movements and efforts to improve professional competencies, ASHA did not consider requiring CE to maintain certification until the late 1990s. In January 2003, ASHA started requiring 30 hours of CE for each renewal period. The primary complaint among ASHA certification critics was that certification need only be maintained by paying membership dues or certification maintenance fees to the credential-granting organization. In contrast, ABA required CE from the outset. Initially requiring 36 CE hours per 3-year registration period, ABA's Board of Governors examined the quality of available CE programs, ultimately deciding to institute a two-tiered system requiring at least 60 CE hours per 3-year registration period. In addition, ABA specified that a finite number of hours of CE credits result from outcomes-based learning opportunities.

It may be inferred by consumers that audiologists who hold professional certification meet advanced, self-governing standards of practice, ethics, CE, and training relative to less rigorous minimum state standards. Table 3 compares the CE requirements for state licensure and the two national certifications.

LICENSURE AND CERTIFICATION

Although many audiologists maintain a state license, ASHA certification, and ABA certification, the purpose and content of each entity differs.

Recognizing the differences between voluntary certification and mandatory licensure is not strictly an academic exercise. As discussed, state licensure is an important means of protection for the consumer, setting minimal standards by which a professional may serve the public. Reviewing the standards and purposes of licensure and certification initially reveals similarities and overlap; however, a deeper analysis will result in greater understanding and appreciation of their worth to a profession and to the consuming public. Table 4 shows the fundamental differences between licensure and certification.

Licensure, enacted by a state's legislative body, functions as a mechanism by which a profession is regulated by law. It typically defines who may practice a profession and offer services to the state's citizens. Licensure ensures by law that practitioners serving the public work within defined areas of competencies. It protects the title of the profession and prevents improperly trained and unqualified individuals from harming or abusing the consumer. A critical aspect of licensure is the process by which changes to the law can be made; any modifications or changes to the law must move through the state's legislative processes. Central to licensure is that the

practitioner, by law, must obtain a license to practice in a particular state.

On the other hand, certification is not compulsory; the professional may elect to obtain it. Given that it is not contingent on local, state, or even national laws, certification is immune to the often tedious legislative processes required by licensure. Certification typically is self-regulated through governance originating from individuals within a profession who are knowledgeable about the profession's current practices, direction, and needs.

Taking a license or certification from one state to another has both value and limitations. For the state license, legal rights, responsibilities, and scopes of practice are specific, yet these regulations may not necessarily transfer across state borders. The lack of reciprocity between some states essentially forces an individual, who is licensed in one state but wishes to practice in another, to go through the rigors and often repetition of another application process. Although this may initially be interpreted as an inconvenient course of action, it is important to appreciate the state's intention to protect its citizens. Without proper scrutiny by state licensing boards, there are possible risks of abuse if an individual were to seek a safe haven from another state's legal system.

Certification, on the other hand, is easily transferred from state to state because it is normally managed by a professional body with an agenda of creating national criteria that are likely to exceed the minimal entry-level standards of state licensing. However, the certification board must rely on an individual's voluntary admission should any conviction of misdemeanors or even felonies exist.

CREDENTIALS AND LETTERS

All professionals are required to be clear regarding the display of their credentials. Most state regulations require the appropriate use of a title (i.e., use of "Dr." must be accompanied by the appropriate degree designator such as Au.D., Ed.D., Ph.D.), and the appropriate certification designator. Signatory lines of the certified audiologist are best accompanied by CCC-A for ASHA-certified audiologists or/and Board Certified Audiologist for those maintaining ABA certification. Appropriate delineation helps to present oneself accurately to the public. The professional has the option of entering letters indicating degree and experience, provided the credential listed has been earned. Although fashionably displayed by many audiologists now, adding "FAAA" (Fellow of the American Academy of Audiology) is possibly misleading to the public. Certification is a credential, whereas membership is not.

CONCLUSION

Whether it is through mandatory licensure or voluntary certification, the overall intent of these credentials is to serve the public safely and effectively. State laws seek to protect the specific state's citizens and residents receiving services through slow-moving bureaucratic processes that regulate a profession. Certification helps to elevate the status of a profession by mandating higher standards for its members than the minimum set by the state; hence, offering services to the consumer that may be viewed as higher quality.

Academic standards, verified through program accreditation, ensure suitable education and training and are imparted to degree recipients, preparing them to enter a field with basic knowledge and skills to provide appropriate services. In turn, service providers must apply to the state to receive a license to legally serve the public, and if desired, apply for a professional certificate to elevate themselves beyond state requirements. To maintain the standards of providing services to consumers, credential recipients must expand knowledge and skills through CE.

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