1925–2025
Legacy. Impact. Possibilities.

September 26, 2025

Wyoming State Board of Examiners of Speech-Language Pathology and Audiology
2001 Capitol Ave. Rm 127
Cheyenne, WY 82002
c/o carlos.gomez@wyo.gov

Re: Proposed Changes to Audiology Licensure—Chapter 2, Section 5

Dear Members of the Board:

On behalf of the American Speech-Language-Hearing Association (ASHA), I thank you for the opportunity to comment on the proposed revisions to Wyoming's licensing regulations for audiologists, specifically those outlined in Chapter 2, Section 5 (b)(ii) of the draft rules.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. More than 400 ASHA members reside in Wyoming.[1]

ASHA supports the Wyoming Board of Examiners' proposal to align licensure requirements with statutory mandates and to ensure that applicants demonstrate appropriate clinical experience. In reviewing the proposed regulations, we have identified a potential inconsistency in the requirement for a clinical fellowship (CF) for audiology applicants who do not hold ASHA or American Board of Audiology certification.

While this requirement mirrors the CF process used in speech-language pathology, it is important to recognize that a formal CF is not part of the national standards for audiology. For example, ASHA's Certificate of Clinical Competence in Audiology (CCC-A) does not require a CF, and most states do not mandate a CF for audiology licensure if they require a doctorate in audiology. Audiologists who meet these standards have completed supervised clinical experience, but this is done as part of their doctoral program, not through a formal post-graduate CF.

Requiring a formal CF without other changes could unintentionally create a barrier for qualified audiologists who lack national certification but meet educational and clinical training standards through other pathways. For example, the regulation does not appear to establish a formal structure for an audiology CF, such as a provisional license or specific supervision guidelines. Without such a framework, applicants may face significant challenges in meeting the requirement, which could delay their entry into the workforce and limit access to audiology services in Wyoming.

To address this issue, we recommend that the Board take the following actions:

- Clarify the intent and structure of the proposed CF requirement for audiologists, including whether a provisional license will be available and how supervision will be defined.

- Consider aligning the licensure pathway for noncertified audiologists with national certification standards, which typically do not require a CF. This can be achieved by accepting a supervised clinical practicum required as part of a doctoral degree in audiology as fulfilling the clinical experience requirement.
- Engage stakeholders, including the Wyoming Speech-Language-Hearing Association and practicing audiologists in the state, to assess the practical implications of this proposed change.

ASHA welcomes the opportunity to collaborate with the Board to ensure that Wyoming's licensure standards uphold professional excellence while maintaining accessibility for qualified practitioners. If you have any questions, please contact Tim Boyd, ASHA's director of state health care and audiology affairs, at tboyd@asha.org.

Sincerely,

A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

---

[1] American Speech-Language-Hearing Association. (2024). *Wyoming* [Quick Facts]. https://www.asha.org/siteassets/advocacy/state-flyers/wyoming-state-flyer.pdf