Employee Name:

JOB DESCRIPTION
SPEECH THERAPIST

Our agency hereby approves that we shall hire a Speech Therapist, indicated for dysphasia and dysphagia, whose tenure of office shall be governed by the following rules:

1. He/she must be a graduate of an approved school for Speech Pathologists.

2. He/she must be licensed by the state -- the license must be current.

Responsibilities of the Speech Pathologist shall include but, not limited to the following:

a. He/she shall assist the Physician, **physician assistant, or advanced registered nurse practitioner** in evaluating a patient determine the type of speech or language disorder and the appropriate corrective therapy.

b. He/she shall provide rehabilitative services for speech and language disorders.

c. He/she shall record activities and findings in the clinical record and shall report to the physician, **physician assistant, or advanced registered nurse practitioner,** the patient's reaction to treatment and any changes in the patient's condition, **or when there are deviations from the plan of care**.

d. He/she shall instruct other health team personnel and family members of patients in methods of assisting the patient to correct speech disabilities.

e. Ensure HIPAA guidelines and procedures are maintained.

MVP Health, Inc.

Administrator	Employee	Date

ORIENTATION CHECKLIST: PROFESSIONAL STAFF

Employee Name:

I. GENERAL ORIENTATION

________ AGENCY ORGANIZATIONAL STRUCTURE
________ PHILOSOPHY, GOAL & OBJECTIVES, MISSION
________ TOUR OF FACILITY
a) LOCATION OF ADMINISTRATIVE OFFICES
b) LOCATION OF EMERGENCY LIGHTS/EXITS
c) LOCATION OF FIRE EXTINGUISHERS
d) LOCATION OF FIRST AIDE BOX
e) EMERGENCY EVACUATION ROUTES
________INTRODUCTION TO STAFF/CLIENTS
________SCOPE OF SERVICES
________EMPLOYMENT POLICIES/JOB DESCRIPTION
________COMPLAINTS POLICY/GRIEVANCE FORM
________PAYROLL
________CORPORATE COMPLIANCE PLAN

II. CLINICAL ORIENTATION

________CLIENT RIGHTS AND RESPONSIBILITIES
________ADMISSION/DISCHARGE CRITERIA/THERAPY SERVICES
________MEDICAL EMERGENCIES
________PSYCHIATRIC EMERGENCIES
________DOCUMENTATION REQUIREMENTS/TIME FRAMES
CLINICAL RECORDS

III. CONFIDENTIALITY/HIPAA GUIDELINES

________ CLIENT/FAMILY/SIGNIFICANT OTHER
________ PROGRAM/STAFF
________ INFORMATION

IV. SAFETY/RISK MANAGEMENT/INFECTION CONTROL

_______ACCIDENTAL/INCIDENT REPORTING
_______OSHA
_______UNIVERSAL PRECAUTION
_______BIOHAZARDOUS/INFECTION WASTE
_______HIV UPDATE
_______TB UPDATE
_______EMERGENCY PREPAREDNESS
_______FIRE DRILL
_______CARE OF ENVIRONMENT

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF THE AGENCY AND HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS/CONCERNS ADDRESSED TO MY COMPLETE SATISFACTION.

I AGREE TO ABIDE AND UPHOLD ALL POLICIES AND PROCEDURE, AND HAVE BEEN ADVISE THAT FAILURE TO DO SO MAY RESULT IN TERMINATION OF EMPLOYMENT.

I ALSO AGREE THAT AS A CONDITION OF EMPLOYMENT THAT I WILL PROVIDE THE AGENCY WITH A FOURTEEN (14) DAY WRITTEN NOTICE OF INTENT TO TERMINATE EMPLOYMENT.

______________________________ __________
EMPLOYEE SIGNATURE/TITLE DATE

MVP Health, Inc.

SPEECH THERAPY COMPETENCY (page 1)

Name: ____

TASKS/BEHAVIORS COMPLETED	DATE PERFORMED OR COMPETENT	INITIALS OF EMPLOYEE OR CONTRACTOR	COMMENTS
Referral process			
ASSESSMENT OF:			
Level of Function			
Physical Assessment			
Expressive Language			
Receptive Language			
Cognitive Language			
Articulation			
Oral Motor Exam			
Voice/Laryngeal			
Swallowing/Deglutition			
Appropriate development of the plan of care			
Coordination of care with appropriate disciplines			
Physician Notification			
Discharge plan discussed with patient on admission/Review of all Literature			
Communication with PCC/Case Manager			

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TASKS/BEHAVIORS COMPLETED	DATE PERFORMED OR COMPETENT	INITIALS OF EMPLOYEE OR CONTRACTOR	COMMENTS
Timely paperwork submission/review of Regulations			
Timely notification for patient visits/use of calendar			
All paperwork due by the last day of the month by 5pm or by 8:30 am the Monday after the last day of the month to process billing.			
Review of documentation/revisit			
Review of documentation admission			
Notification of patient of discharge 2 wks prior & document			
Evaluation for additional services			
COMMENTS			

MVP Health, Inc.

SIGNATURE OF ORIENTEE____

SIGNATURE OF PRECEPTOR____