

CERTIFICATION TRACK COURSE

INSTRUCTOR APPLICATION

2022



Dear Course Presenter(s),

Thank you for offering to teach an IAOM COM® (Certified Orofacial Myologist) Certification Track Course.

Our mission is dedicated to expanding the awareness of Orofacial Myofunctional Disorders in both the general public and other allied health professionals, educating, and certifying our members in the proper diagnosis and treatment of them, and working to expand research related to Orofacial Myofunctional Disorders.

Enclosed is an application of information that will help you with the submission process. The COM® (Certified Orofacial Myologist) Certification Track Course application has been modified and streamlined to make the process easier and faster as you seek *approval*.

We appreciate your willingness to share your expertise and spread the word about our wonderful organization!

Please find relevant contact information for appropriate form submission and contact references.

Judith Dember-Paige RDH BS COM® and/or Crystal Reszczyński MA CCC/SLP COM® Education Committee Co-Chairs education@iaom.com

Jenn Asher, Executive Coordinator: info@iaom.com

ASHA CE Administrator: ASHA@iaom.com

AGD CE Administrator: AGD@iaom.com

If the Education Committee Co-Chairs can be of further assistance, feel free to contact the Education Committee at education@iaom.com.

Sincerely,

Education Committee Co-Chairs

The Process



Maintaining course accreditation is a lengthy and detailed process. Keeping our accreditation with other organizations in good standing is a priority. The IAOM is dedicated to ensuring this is a clear and smooth process for our approved instructors. Once a course is approved, it remains approved for a period of 3 calendar years (January-January). **Any changes** to course content, materials, or presenter(s) during this timeframe must be immediately submitted to the Education Committee Co-Chairs for review and approval, using the Education Committee Edit Form available through a link on Bitrix24, which will be given upon course approval.

You may not ***imply verbally or in writing***, that attendance to your IAOM Approved Certification Track course awards, grants, or confers participants, IAOM **certification** status. Given they meet the eligibility requirements of the IAOM, (per submitted licensure) course participants become **eligible** to participate in the IAOM Certification **process**.

Communication from the Education Committee will verify approval of the submitted course or there will be communication from the Education Committee specifically regarding the reason the application could not be approved, in its application state. Should the instructor/instructors care to make the suggested changes, the application could be resubmitted for further review.

IAOM will require Instructors of Approved Certification Track Courses to use Bitrix 24 for document submission. Instructors will receive an email from the IAOM Executive Coordinator, providing a link Bitrix24 and your specific folder created upon approval of the application/course. You will receive instructions regarding the use of Bitrix, from the Education Committee, upon receiving approval.

LOGOS:

Logos are specific to accreditation and its specified period. IAOM, ASHA, and AGD logos/description will be forwarded by the appropriate IAOM CE administrators for use immediately after the course has been approved, within the approval email. All marketing materials related to the course schedule **MUST** include these logos assigned specifically to the IAOM with our provider number. Please refrain from uploading ASHA/AGD logos from the internet for marketing purposes.

ASHA:

The IAOM ASHA CE Administrator will also work with instructors to expedite the ASHA CE process. This sometimes requires corrections or the provision of additional information. Course changes/additions throughout the year (not previously included on this application) will require communication with both the Education Co-Chairs through the use of the Edit Form (**available within the application appendix**) and communication with ASHA CE representative through the Bitrix24 website (**see Bitrix Instructions sent upon receiving approval**). ASHA requires a minimum of **50 days** to approve these additions/changes. There may be need for additional approval or fees, by ASHA, and the ASHA administrator will advise the instructor as is appropriate. There is no refund for courses that may be

cancelled; however, courses can be 'rescheduled' with ASHA and the IAOM within the same calendar year. ASHA fees are paid to directly to ASHA

Each course instructor has their own certificate of completion. ASHA requires the ASHA Participant Form, a time ordered agenda and sign in and sign out sheets reflecting in and out for the day and for lunches. It is imperative that the time ordered agenda, and actual time spent in the course meet the ASHA approved CE hours, precisely. It is also critical that the course maintains the time ordered agenda, or approval could be compromised.

Additional information regarding from ASHA specifications can be found at the following link: (<https://www.asha.org/uploadedFiles/CEB-Manual.pdf>):

The following are examples of types of activities to include when calculating contact hours for ASHA CEUs:

- Learning activities led by an instructor and/or discussion leader.
- Activities in which a learner is engaged in a planned program of learning whereby the learner's progress is monitored, and the learner receives feedback. Examples include independent study, computer-based instruction, interactive video, and planned projects. For information on how to calculate ASHA CEUs for courses that may vary in length for different learners, see the subsection on "Calculating ASHA CEUs" in this section.
- Learner assessment and program evaluations.
- Field trips, projects, and assignments that are an integral part of a course and for which the Provider can verify that the CEB requirements were met. For example, if the learner must read five articles before the start of the course, the instructor must have some mechanism for determining satisfactory completion of that part of the course in order to include it in the total ASHA CEUs offered.

Course Components Not Included When Calculating ASHA CEUs, the following activities should not be included when calculating contact hours for ASHA CEUs:

- Breaks, meals, socials. A presentation germane to the course during the meal function may be counted if the presentation meets CEB requirements. Only that portion of the meal during which time the presentation is taking place can be counted toward ASHA CEUs.
- Meeting time devoted to business or committee activities, announcements, introductions, welcoming speeches, reports, etc.
- Exhibits, sales tours of commercial facilities, time used to promote products or services.
- Time for study, travel, assigned reading, or related activities outside the classroom or course's schedule, unless the learning is monitored and/or assessed, and the learner receives feedback.

See "Calculating ASHA CEUs" in this section and "Using Pilot Studies and Word Counts to Calculate ASHA CEUs" in Section 4.

Currently, ASHA has established a first cooperative offering of a course fee at \$325. The fee for each subsequent cooperative offering of the same course is \$50. ASHA has established the following fees increase for the first cooperative offering of a course at \$400.00 starting on January 1, 2022. The fee for each subsequent cooperative offering of the same course is \$50. Here are some examples of how this would impact your course registrations when registering a cooperative course and offerings on or after January 1, 2022:

- If you're registering a group (synchronous) course with four cooperative offerings, the total fee for the combined cooperative offerings of that course would be \$550 (\$400 for the first offering, and \$50 each for three subsequent offerings).
- If you're registering an individual (asynchronous) course starting February 1, 2022, and running until December 31, 2022, the total fee for the combined cooperative offerings of that course would be \$900 (\$400 for the first offering, and \$50 each for ten subsequent monthly offerings of a self-study course).
- If you're registering five additional offerings of a course that you've already registered, the total fee for the combined additional cooperative offerings of that course would be \$250 (\$50 each for five additional offerings).

Online courses must provide verification of attendees' presence throughout the course. That can be done through an assessment with a few questions covering the material, a verification code given at the end of each day or at the very end of the course, or in a manner the instructor deems appropriate.

AGD INFORMATION

The instructor-to-attendee should not exceed 1:15, during any **hands-on activities**.

CDE (Continuing Dental Education) providers that utilize one instructor to present 50% or more of the provider's CDE activities and any additional supervisor required due to class size, must submit a Curriculum Vitae containing complete information on the instructor's education, professional training, positions held, publication and presentation history when applying for the AGD PACE recognition.

FORMS: Blank areas must be completed by Instructors for each course offering. Upon each course offering completion, the instructor will upload the Master AGD Sign In Roster form, in pdf format, to Bitrix AGD folder.

1. **Master AGD Sign-In Roster** to include AGD members only. This form must be **completed in its entirety**, by the Instructor. The attendees' membership **AGD number MUST be on the roster** form prior to the ending of the course. This form will be uploaded into Bitrix, upon completion of the approved course offering. The instructor will indicate "NONE" on the form and upload it, in Bitrix, if there are no attendees with AGD membership. The verification code on this form will match the verification code on the Course Attendance Verification Form, given to the appropriate attendees.
2. **Course Attendance Verification Form:** Instructors are required, by AGD, to create **verification codes** that changes with each course offering and will be required to provide the verification code to all dental attendees (dentists and dental hygienists) regardless of AGD membership status, on the last day of the course near its completion, using this form. Instructors should prompt attendees to complete the form with the verification code, as AGD members will be required to have this completed form to receive credit for full attendance of the IAOM approved Certification Track Course. The attendees will then take this form with them to keep for their own records. There is no need for instructors to upload these individual forms to Bitrix.

Providers that offer self-instructional activities must publish the following Information on publicity materials for the activity and in the activity itself:

- a. Original release date;
- b. Review date (if activity is reviews and rereleased);
- c. Expiration date (a maximum of three years from the original release date or the last review date, whichever is most recent).

Forms must be uploaded in Bitrix24, in the AGD folder for each course offering. Instructors must then utilize the "Conversations" tab within Bitrix24, to alert the AGD representative that the forms have been placed, within two weeks of the course completion. (See Bitrix instructions page in appendix)

The IAOM AGD representative will submit attendance roster to AGD, on your behalf.

IAOM approved Certification Track Instructor course attendees should be reminded to allow 30 days for documentation of participation to be added to their transcript.

A PACE Manual has been provided in the appendix to clarify in person and online requirements for AGD credits. The following information is from the PACE manual regarding self-study:

Standard XIII Self-Instruction and Electronically Mediated Programs Criteria

- a. Self-instruction activities that are primarily audio or audiovisual must include supplemental information that further explains the audio or audiovisual material.
- b. Electronically mediated programs must include a documented technology plan including electronic security measures to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, and firewalls).
- c. Participant interaction with faculty or individuals having expertise in the subject area and/or other participants is an essential characteristic and can be facilitated in a timely manner through a variety of methods such as voicemail, e-mail, or chat rooms.
- d. Participants who complete self-paced self-instructional programs should receive credit based on an educator's estimate of the time required to complete the program segment.
- e. For self-instructional or electronically-mediated activities, a provision must be made for a mechanism by which the learner can assess his/her mastery of the material.
- f. Participants must be informed of specific requirements for hardware and software and must have access to technical assistance throughout the duration of the course and the design of the course should support easy navigation to even novice users.
- g. Courses must include resources, references, and information to aid participants in securing relevant supportive material.
- h. Embedded advertising and direct commercial links are inappropriate with the educational content and must be avoided.
- i. Program providers who plan self-instructional activities must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
- j. For live electronically mediated events a provision must be made to ensure periodic interchange between the instructor(s) such as, but not limited to, polling, direct questions and surveys.
- k. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.

IAOM SIGNATURE FORM REQUIREMENTS:

To ensure an accurate archiving of organization records, the IAOM must also keep specific records. Delays or omissions in submitting necessary paperwork puts the CE status of individual course

participants, as well as the IAOM, in jeopardy. Timeliness is essential. The approved Certification Track Course will have a Private Workgroup, on Bitrix24. Within the personalized Private Workgroup, there will be folders created, titled by the dates submitted within the application. The forms will be uploaded within the dated folder. Each attendee will have a folder that will hold their specific forms and required documentation. In addition, as a course offering, there will be a folder for AGD and ASHA forms.

Within 14 days of a completed approved course, the Attendee forms, in required **PDF format, will be uploaded** to IAOM Bitrix 24 Private Work Group Folders with the appropriate dates, as follows:

AGD Folder

ASHA Folder

Attendee List Folder

The following information will be included in the Attendee List to be obtained prior to course:

- Name
- Address
- Phone number
- Email
- Indication that the individual will be seeking CEs
- Copies of participant licensure
- AGD/ASHA number with copies of cards (if applicable)
- AGD Forms upon completion of course

Sign In/Out Sheets (Should include for the day, and in /out for lunch. Online courses must use a verification system to ensure verification that individuals were present throughout.) These forms will be placed within the dated folder but will not have an individual folder. You will be responsible for providing this form. **MUST MATCH THE APPROVED TIME ORDERED AGENDA AND ASHA APPROVED CEUS.** Online courses must also create and submit a Sign In Sign Out sheet. It can be created as the instructor deems appropriate. A suggestion is providing the attendees with an individual Sign In Sign Out sheet to be completed by the individual, with signature, and then returned to the Instructor, upon completion of the course.

Completed Course Forms added to Individual Attendee Folder, upon completion of the course should include:

- Course/Instructor Evaluations: For continuity, Instructors must use the Evaluation form included within the application. Instructors may add their own logo to the IAOM evaluation form.
- Verification of Course Completion. {NOTE: Please avoid the use of the word "Certificate" to clarify that the "certification" that has been achieved is not considered certification in COM® standing.}

- Course Attendee Signature Forms

IAOM COURSEWORK CHECKLIST

To ensure a smooth approval process, please be sure to attach a copy of each item listed below being certain to check all documents to ensure that signatures are provided as needed. **Please use this page as the cover sheet for the application and check off each item as it is completed and attached, while maintaining the order of recorded forms.** **Failure to provide certain items will likely result in the return of the entire packet to you by the Education Committee. This can result in the 2-4 week review process beginning again.

Instructor-Organization Agreement Forms:

- Understanding of IAOM Eligibility Requirements (pg. 11)
- Signature form for Instructors of Certification Track Course (pgs. 12-19; sign. pg. 19)
- Guest Speaker/Program Planner/Instructor Financial –Nonfinancial Relationship Disclosure: If on approved courses website, ASHA requires the disclosures must be under each speaker’s bio information (sign. pgs. 20-22)
- Course Fee Agreement (pg. 23)

Instructor Information:

- Copy of Instructor(s) Vitae (This is required for ASHA)
Provide each instructor(s) name, affiliation, and a brief description of his/her qualifications (about 4-6 lines).
- Copy of Guest Speaker and or Assistant Vitae (if a speaker is present at any point in the year of approval. Speaker is defined as: Instructor of any portion of the course, at any course, for any amount of time. Speaker must be a COM® for 5 years to speak/instruct. Should a speaker be added to a course previously approved, Instructor(s) would be expected to use Edit/Change Form to submit for approval for new Speaker). The following is required both by ASHA and IAOM:
 - Guest Speaker Paragraph of Description
 - Guest Speaker Learning Outcomes (Required by ASHA and IAOM)
 - Guest speaker must include their own financial and non-financial disclosures

Course Information:

- Course Description as promoted to professionals. Per ASHA, instructional methodologies must be included in course description. If there is a Guest Speaker, the portion of the course covered by the Guest Speaker must be addressed, separately along with a description of the portion of the course they intend to present. Their methodologies should also be addressed which should include but not be limited to online, in person, video, case study, practicum. Do not

send curriculum vitae. Courses will be approved, along with the course presenters; **any changes** in course content, course materials, or course presenter need to be submitted to the Education Committee Chairperson, 90 days in advance to process through ASHA/AGD.

- Number of Contact Hours (not to exceed 40 hrs); Must be reflected in the **time ordered agenda, EXACTLY**. Contact hours **CANNOT exceed approved ASHA CEUs**. Any course that is found to exceed contact beyond the approved CEUs will be subject to a Plan of Action meeting with Education Committee. Instructor agrees to allow a random Education Committee audit to confirm successful plan of action application. Should the course continue to exceed approved contact hours, the course's IAOM approval will be revoked, as ASHA requires IAOM to enforce the time ordered agenda, strictly.
- # of ASHA CEUs - ASHA requires the CEU Brand Block and CEU statement: "This course is offered for up to __ ASHA CEUs (Introductory level; Professional area). This statement along with the brand block **MUST** be on the marketing materials and website.
- Dates, and Locations of Courses offered (pg. 34)
- Time Ordered Agenda: to include sign in and out for the day. Agenda should also reflect breaks and lunches. It is the instructor's responsibility to verify compliance with submitted time ordered agenda; Hours **must match** total CEU number. A time ordered agenda must be included in online courses, as well.
- Sign in and Out Signature page. Must reflect beginning and ending of the day and lunch periods. You will need to provide this form. Any incongruities between the sign in and sign out sheet, time ordered agenda and CEUs, will put the course's ASHA approval and IAOM's accreditation at risk. Attendees must sign the sheet, in some capacity.
- Learning Outcomes
- Copies of/Links to all promotional materials (flyers, brochures, website information - for ASHA submission)

IAOM Marketing:

- IAOM Website Advertisement Agreement and Promotional Materials (sign. pg. 32)
- IAOM Course Badge (to be printed on all marketing materials). Badge will be provided by the IAOM Education Committee, upon approval of the course. Copies of all promotional materials flyers, brochures. Facebook, Twitter, Instagram and any other social media, website information. Easy access for the Education Committee to the marketing via social media, if needed. **REQUIRED** by ASHA -- or website must be provided if no promotional materials are available

Attendee forms:

- Course Attendee Information Agreement (pgs. 35-36; sign. pg. 36)
- IAOM Instructor/Course Evaluation (pg. 37)
- Continuing Education Course Roster Sign In Form (for AGD) upon completion of course, includes only attendees with AGD membership; Instructors will keep and upload, to Bitrix, this roster **COMPLETED AT**

THE TOP with appropriate verification codes, **EVEN IF THERE ARE NO ATTENDEES WITH AGD MEMBERSHIP. If there are no members of AGD in the course “NONE” is indicated on the form.**

IAOM Course Attendance Verification Form (AGD logo located at the bottom). This form will be completed by dental attendees at the end of the course. At the end of the course, the instructor will give a verification code that the attendees must add to the form. The dental attendees will then take that completed form with them and keep in their records to verify they have taken the course. **REGARDLESS OF AGD MEMBERSHIP STATUS.**

- Attendee folders** including the following:
- o Name
 - o Address
 - o Phone number
 - o Email
 - o Indication that the individual will be seeking CEs
 - o Copies of participant licensure
 - o AGD/ASHA number with copies of cards (if applicable)
 - o Instructor/Course Evaluation Forms

****OPTIONAL: Guest Speaker Application/Agreement***

- Guest Speaker Individual Description (1)
- Copy of Guest Speaker and or Assistant Vitae (2) (if a speaker is present at any point in the year of approval. Speaker is defined as: Instructor of any portion of the course, at any course, for any amount of time. Speaker must be a COM® for 5 years to speak/instruct. Should a Speaker be added to a course previously approved, Instructor(s) would be expected to use Edit/Change Form to submit for approval for new Speaker). The following is required both by ASHA and IAOM:
 - Guest Speaker Paragraph of Description
 - Guest Speaker Learning Outcomes Required by ASHA and IAOM
- Memorandum of Understanding agreeing to follow IAOM policies and requirements (u) (2 signed copies with each party retaining 1 copy) (pg. 41)
- Understanding of IAOM Eligibility Requirements (pg. 38)
- Signature form for Guest Speakers of Certification Track Course (sign. pg. 40)
- Guest Speaker/Program Planner/Instructor Financial –Nonfinancial Relationship Disclosure: If on approved courses website, ASHA requires the disclosures must be under each speaker’s bio information (sign. pgs. 20-22)
- Course Fee Agreement (pg. 23)

UNDERSTANDING OF ELIGIBILITY



INSTRUCTORS

CERTIFIED IAOM MEMBERS in good standing with IAOM certification for a minimum of 5 years are eligible to teach an approved IAOM Certification Track course. Instructors are not discriminated against based on gender identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation.

COURSE PARTICIPANTS

IAOM membership and eligibility for a Certification Track course is defined as:

- 1) Registered Dental Hygienist
- 2) Speech-Language Pathologist
- 3) DDS (Doctor of Dental Surgery), or DMD (Doctor of Medicine in Dentistry)
- 4) Other Allied Health Professionals who present proof of approval by the IAOM Board of Directors. The Executive Coordinator will notify all approved IAOM Course Instructors those that obtain special approval to participate in a COM® Certification Track Course.

All Course participants must present a copy of their current state and/or country of residence license. A current active state and/or country license, with a corresponding license number allows the healthcare professional eligibility to take a certification track course with the IAOM. An attendee should provide verification of ASHA/AGD membership and number, if appropriate. Instructors should **require** all course participants investigate the language of their resident state statutes, rules and regulations and practice guidelines as they relate to the diagnosis and treatment for orofacial myofunctional for their field of licensure prior to officially registering for a course. Attendees must be licensed, with Orofacial Myology within their scope of practice. Furthermore, if an attendee is not an RDH, SLP, DDS or DMD, they must have, applied and received from the IAOM Board of Directors, proof of approval for that individual to attend an IAOM approved Certification Track course.

Instructor Signature form for Certification Track Course

Course Title: Click or tap here to enter text.

Name of Instructor(s): Click or tap here to enter text.

Date of the Course: Click or tap to enter a date.

IAOM Scope of Practice and Code of Conduct Agreement

Nearly all health professionals have an established Scope of Practice that is generally defined by an overseeing body (i.e., ADHA, ASHA, ADA, APTA, AMA). State boards frequently use that Scope to oversee individual licensing. In the absence of recognized licensure for the practice of orofacial myology, it is incumbent upon the IAOM and its approved instructors to show special care in defining and educating course participants regarding Orofacial Myology Scope of Practice.

Extra caution should be exercised to ensure that each attendee understands not only the possibilities and various outcomes of orofacial myology treatment, but also the limits of this clinical modality. Professional encroachment is to be avoided. Orofacial Myologists must work within a team of professionals to be successful. As part of that team, it is expected that referrals are not only received, but also provided to other allied health professionals. Emphasis on working within “team setting” is to be encouraged, while providing services better attributed to another team member’s defined Scope of Practice would be considered unacceptable.

To ensure course participant understanding, while also reducing IAOM liability, instructors must address Scope of Practice and within the content of their curriculum and provide adequate relevance behind the reasoning for this document. In addition, Certification Track course participants are now required to sign a release form acknowledging they have both received and read this document. Submission of that document by IAOM approved course instructors is required.

IAOM Approved Certification Track Course Disclaimer:

The IAOM Certification Track Courses follow rigorous content guidelines as approved by the organization. By approving Certification Track courses, the therapeutic techniques and personal opinions expressed by IAOM approved instructors, does not imply endorsement of any specific exercises or techniques. The IAOM is **not** responsible for any arrangements, any liabilities, or any financial obligations of such IAOM approved training courses.

SCOPE OF PRACTICE FOR OROFACIAL MYOLOGIST IAOM CORE STATEMENT:

The Orofacial Myologist is trained to evaluate and treat patients with a variety of oral and facial muscle dysfunctions. Certified Orofacial Myologists (COM®) and orofacial myologists in the process of becoming certified may also have additional training in speech/language pathology, dental hygiene, dentistry, or other allied oral health related professions that the IAOM has determined to be within the scope of practice of Orofacial Myology. (Refer to the IAOM Bylaws and Code of Ethics). **The practice of orofacial myology includes the evaluation and treatment of the following:** 1. Abnormal non-nutritive sucking habits (thumb, finger, pacifier, etc. sucking habits) 2. Other detrimental orofacial habits 3. Abnormal orofacial rest posture problems 4. Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition 5. Abnormal functional breathing patterns 6. Abnormal swallowing patterns 7. Abnormal speech patterns (only if the COM® has the speech-language pathology credentials required by his/her State, Province or Country). The overall goals of orofacial myofunctional therapy are to assist in the creation, the restoration, and the maintenance normal and harmonious muscle environment.

CODE OF CONDUCT:

The International Association of Orofacial Myology (IAOM) Code of Professional Conduct is a statement to the public of the principles used to cultivate and sustain the highest standards of conduct within the organization and the profession. Members of the IAOM are committed to earning the public's trust through upholding the dignity of and the respect for the individuals served. This commitment extends beyond those served to include peers and the public – including professional colleagues, interns, educators, research participants, businesses, and the community. Thoughtful review of issues (including lawful compliance and conduct of the organization, historical review, previous ethics cases, members' questions and content of other professional codes of ethics) was utilized in the development of this document which is applicable to the affairs of the organization as well as to Certified Orofacial Myologists and other professional members trained in the field of Orofacial Myology. The historical basis of this Code of Ethics is centered upon ethical reasoning involved with practice and professional issues, as well as empathetic reflection regarding interactions with others. The IAOM Code of Professional Conduct is a guide to assist members when ethical issues arise within the organization or during the practice of Orofacial Myology. Ethical decision-making is a process that includes awareness of how the outcome will impact the organization as a whole, as well as Orofacial Myology clients in all areas. Applications regarding Professional Conduct are considered situation-specific and where a conflict does exist, IAOM members shall pursue all responsible efforts to resolve the conflicts internally. These principles apply to all IAOM members engaged in any professional role, especially those in elected and volunteer leadership positions. The **PURPOSE** of the International Association of Orofacial Myology (IAOM) Professional Code of Conduct is to assist in recognizing and establishing the values and principles upheld by the Orofacial Myology profession.

1. Inform and educate the general public and membership regarding established values and principles to which IAOM members are held accountable.
2. Advise IAOM leadership and members toward expected standards of professional conduct.

3. Guide IAOM leadership and members toward recognizing and resolving ethical dilemmas.
4. Require ethical responsibility in research.

DEFINITIONS:

Recipient of Service: Individuals receiving Orofacial Myology (OM) services. • **Leadership:** Elected and appointed IAOM officers and members of the Board of Directors. • **Research participant:** A person who has agreed to participate in an approved research project. • **Employee:** A person who is engaged by a business (facility or organization) that provides Orofacial Myology services. • **Colleague:** A person who provides services for the same or different business (facility or organization) to which a professional relationship exists or may exist. • **Public:** The community of people at large. • **Evidence-Based Methodology:** A therapeutic process based on best available evidence that has been consistent, systematically identified, evaluated and selected.

PERSONAL AND PROFESSIONAL INTEGRITY: IAOM leadership, staff, and members shall act with honesty, prudence, and integrity in all of their dealings as representatives of the organization and as professionals practicing in the area of Orofacial Myology. IAOM leadership and members promote working environments that implement the principles of compassion, competence, and fairness.

MISSION: To improve the health of the public by advancing the art and science of Orofacial Myology by means of: • Increasing awareness of and ensuring access to quality primary health care for the treatment for orofacial myology disorders • Maintaining the highest professional standards possible through promotion of educational opportunities and administration of the certification process • Increasing the body of knowledge through scientific research • Representing the professional interests of orofacial myologists • Promoting and encouraging interdisciplinary relationships with allied health professionals

ORGANIZATION: This section of the Professional Code of Conduct is directed toward the nonprofit organization to ensure that all members of the IAOM understand and maintain the highest ethical standards in conducting and participating in the affairs of the organization.

GOVERNANCE: The IAOM shall have an active governing body, the Board of Directors, which is responsible for setting the mission and strategic direction of the organization, oversight of its finances, daily operations, and policies of the organization. The Board of Directors: • Ensures that its board members have the requisite skills and experience to carry out their duties and that all members understand and fulfill their governance duties acting for the benefit of the organization and public purpose; • Enforces a conflict of interest policy that ensures that any conflicts of interest or the appearance thereof by leadership or membership are avoided or appropriately managed through disclosure, recusal or other means; • Reviews the performance of the President, and takes appropriate action if such performance is inadequate; • Requires that the President and appropriate staff provide the governing body with timely and comprehensive information allowing the governing body to effectively



carry out its duties; • Ensures that the organization conducts all transactions and deals openly with honesty, integrity, and prudence; • Promotes working relationships among board members, staff, volunteers, and members that are based on compassion, competence, and fairness; • Ensures that the organization be fair and inclusive in vetting policies and practices for all board, staff, and volunteer positions; • Ensures that the resources of the organization are responsibly and prudently managed; • Ensures that the organization has the capacity to carry out its programs effectively; • Owes the nonprofit corporation they serve a duty of care, requiring them to exercise their authority, to make decisions for the organization with prudence; • Ensures that board meetings are held regularly and that each board member attend and participate in board meetings on a regular basis; • Exercises independent and unbiased judgment on all matters at hand; • Acts with loyalty to the best interests of the organization, and not their own personal interests or the interests of any third party; • Understands and upholds the obligation of confidentiality related to Board of Directors meetings.

LEGAL COMPLIANCE: IAOM will be vigilant in compliance with laws, regulations, and applicable practices that govern and regulate the organization as a nonprofit entity.

RESPONSIBLE STEWARDSHIP: IAOM shall manage its funds responsibly and prudently. This shall include consideration of the following: • Spending a reasonable percentage of its annual budget on programs in pursuance of its mission; • Spending an adequate amount on administrative expenses to ensure effective accounting systems, internal controls, competent staff, and other areas critical to professional management; • Maintaining an appropriate level of funds to fulfill our mission and purpose without excessive accumulation of reserves; • Ensuring that all spending practices and policies are fair, reasonable and appropriately fulfill the mission of the organization; • Timely and accurate preparation and submittal of financial reports filings; • Prohibiting any member from acquiring organization funds for their personal benefit; • Permitting only authorized personnel to control contractual or monetary transactions for the organization.

DISCLOSURE: IAOM shall maintain transparency within the organization by providing comprehensive and timely information to the public and other parties as follows: • Responding in a timely manner to reasonable requests for information; • Ensuring that all information about IAOM fully and honestly reflects the policies and practices of the organization; • Ensuring that basic informational data about the organization, such as the Form990, reviews and compilations, and audited financial statements are posted on the IAOM website or otherwise available to the public; • All promotional materials accurately represent the organization's policies and practices and reflect the dignity of the program beneficiaries. These include: Financial Reports, Organizational Reports, Program Reports

PROGRAM EVALUATION: IAOM is committed to improving its programs and organizational effectiveness, while developing mechanisms to promote learning from its activities and the practice methodology of its membership.

PROFESSION

This section of the Professional Code of Conduct is directed toward addressing the most prevalent ethical concerns of the profession with regard to education, research, and clinical practice. Fundamental to the mission of the Orofacial Myology profession, is the preservation of the highest ethical values and principles vital to the responsible discharge of the obligations by Certified Orofacial Myologists (COM) and other IAOM professional members trained in the field of Orofacial Myology. Orofacial Myology personnel have an ethical responsibility primarily to the recipients of service and secondarily to their peers and the public. The concerns of others including the public, consumers, interns, colleagues, employers, research participants, researchers, educators, and practitioners are addressed in this document. The Orofacial Myology profession is grounded in the values of Compassion, Competence and Fairness, implemented through the principles of Honesty, Prudence and Integrity. The three values are essential in a profession where the needs, desires and dignity of the client must guide the approach to intervention. The three principles enable the Orofacial Myologist to apply their knowledge, skills and judgment in a professional manner – clinically, socially and ethically. These values and principles are important not only during therapeutic interaction with clients, but also in the professional and social relationships with peers, colleagues, and society in general. As such, these values and principles form the basis for this Professional Code of Conduct.

VALUES

COMPASSION: Certified Orofacial Myologists (COM®) and other IAOM professional members trained in Orofacial Myology demonstrate a genuine concern for the wellbeing, safety and dignity of their clients and peers. IAOM members shall:

- Respond to requests for OM services in a timely manner;
- Provide appropriate evaluation and a plan of care for all recipients of OM services specific to their needs;
- Acknowledge and take appropriate action related to interpersonal problems that might impede the ability to successfully complete the established plan of care.
- Attempt to professionally resolve perceived grievances or perceptions of violation of the Professional Code of Conduct with another COM® other IAOM professional without implying harassment or threats.

COMPETENCE: IAOM members practice at an expected level of performance that results from an integration of knowledge, skills, abilities, education and judgment. IAOM members shall:

- Provide OM services that are within the IAOM Scope of Practice, within each member’s level of knowledge and training, and for members practicing independently, within their license and/or certification skill area.
- Maintain appropriate international, national, state, or other requisite credentials for the OM services provided.
- Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- Avoid the inappropriate use of outdated or obsolete assessments or treatment materials in making intervention decisions or recommendations.
- Develop an Evidence-Based Methodology to verify compliance through participation in continuing education, research, supervision and training.
- Provide OM education, continuing education, instruction, and training that are within the IAOM’s approved instructor’s subject

area of expertise and level of competence. • Maintain high standards in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

FAIRNESS: IAOM members provide services and treat their peers in a fair and unbiased manner. IAOM members shall: • Advocate for just and fair treatment for all recipients of service. • Terminate OM services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable changes or outcome. • Refer to other health care specialists solely on the basis of the needs of the client. • Establish continuity of services or transition to other appropriate services to avoid abandoning the client if the current provider is unavailable due to medical or other reasons. • Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/ benefits. • Give credit and recognition when using the work of others in written, oral, or electronic media. • Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. • Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the entities that constitute the working environment. • Avoid professional territorialism by attempting to limit competition from a different professional in any given geographical area. • Accept the rights of IAOM colleagues to practice without constant professional scrutiny or harassment.

PRINCIPLES

HONESTY: IAOM members provide comprehensive, accurate, and objective information when providing services to their clients and interfacing with their peers and the public. IAOM members shall: • Represent their credentials, qualifications, education, experiences, training, roles, duties, competence views, contributions, and findings accurately in all forms of communication; • Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims; • Record and report in an accurate and timely manner, and in accordance with applicable practice regulations, all information related to professional activities; • Utilize marketing and advertising statements that are truthful and accurate to the best of one's knowledge and carefully presented to avoid misleading recipients of service, interns, research participants, or the public at large; • Establish a collaborative relationship with recipients of service. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; • Obtain consent prior to administering any OM services, including evaluation, and keep the recipients of service informed of the progress in meeting goals specified in the plan of intervention/care; • Obtain informed consent from participants involved in research and educational activities, and verify that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects;

PRUDENCE: IAOM members take action to avoid causing harm, wrongdoing, or misconception, while maintaining confidentiality in their dealings with clients, peers and the public. IAOM members shall:

- Avoid relationships that exploit the recipient of services, interns, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, intern, research participant, or employee, with whom a professional relationship exists;
- Avoid any undue influences, such as alcohol or drugs that may compromise the provision of Orofacial Myology services, education, or research;
- Maintain awareness of and adherence to the Code of Conduct when providing services to clients or participating in leadership and volunteer roles;
- Accept responsibility for promoting and practicing Orofacial Myology on the basis of current knowledge and research and for further developing the profession's body of knowledge;
- Describe the type and duration of Orofacial Myology services accurately in verbal, written and electronic communications including the duties and responsibilities of all involved parties;
- Confirm that the confidentiality and rights to privacy of the recipient of services are respected and maintained. Exception would prevail when a clinician perceives an individual is in serious foreseeable or imminent danger. Laws and regulations may require disclosure to appropriate authorities without consent;
- Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- Adhere to established policies and procedures for handling concerns about the Professional Code of Conduct, including familiarity with national, state, and local procedures for handling ethics complaints.
- Avoid conflicts of interest in employment, volunteer roles, research, or business practices as outlined in the IAOM Conflict of Interest Policy.

INTEGRITY: IAOM members maintain high levels of honesty, reliability, sincerity, and legal compliance in dealings with clients, peers and the public. IAOM members shall:

- Provide interns and employees with information about the Professional Code of Conduct, as well as opportunities to discuss ethical conflicts and procedures for resolution.
- Report to appropriate authorities any unethical or illegal acts in practice, education, and research;
- Be accountable for any action that reduces the public's trust in Orofacial Myology;
- Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding service performance;
- Avoid exploiting any relationship established as an Orofacial Myologist to further one's own best interests.
- Maintain the ethical values and principles of the profession when participating in a business arrangement as owner, stockholder, partner, or employee and refrain from working for or doing business with organizations engaged in illegal or unethical business practices (e.g., fraudulent billing);
- Conduct research in Orofacial Myology in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.

I have read, understand and agree to comply with the IAOM Code of Professional Conduct, as well as its bylaws, and other Policies and Procedures and Standing Rules established and amended from time to time by the IAOM governing body. I acknowledge and understand that failure to comply with the IAOM Standards and this Code of Professional Conduct may result for revocation of my membership status and future Certification status.

With my signature, I acknowledge that:

- I have received and carefully read the IAOM Orofacial Myology Scope of Practice and agree to its principles and membership requirements as it pertains to Topic Instruction.
- I am compliant with the code of ethics of my national/state/country's Professional association.
- I am a verified licensed (or the equivalent, for my place of residence) RDH, SLP, dentist or other allied health professionals who has presented proof of approval by the IAOM Board of Directors.
- All information provided on and in connection with this form is true and correct to the best of my knowledge.

Instructor Signature: _____

Date: Click or tap to enter a date.

Financial/Nonfinancial Relationship Disclosures

Relevant **financial** relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honorarium, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds, and the individual is the principal or named investigator on the grant.

Do you have relevant financial relationships to disclose?

PLEASE CHECK: No Yes

(If yes, please fill out the financial disclosure forms below to identify any those relationships)

Relevant **non-financial** relationships are those relationships that might bias an individual including any personal, personal interest, cultural bias, professional, political, institutional, religious or other relationship.

Do you have relevant non-financial relationships to disclose?

PLEASE CHECK: No Yes

(If yes, please fill out the non- financial disclosure forms below to identify any those relationships)

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify the **International Association of Orofacial Myology and American Speech-Language Hearing Association** of any changes to this information between now and the presentation. I agree to verbally disclose all financial and non-financial relationships and provide a visual slide outlining these disclosures during each course taught.

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

Financial Relationship Disclosure Form

(Copy this page as many times as you need to complete information regarding each of your relevant financial relationships).

Program Planners/Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: Click or tap here to enter text.

Financial relationship with (name of Company/Organization): Click or tap here to enter text.

Date form completed: Click or tap to enter a date.

What was received? (Check all that apply)

- Salary Consulting fee Intellectual property rights Speaking fee
 Royalty Honoraria Hold patent on equipment In kind
 Grants Gift
 Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
 Other financial benefit (please describe): Click or tap here to enter text.

For what role? (Check all that apply)

- Employment Management position Teaching and speaking Board membership
 Ownership Consulting Membership on advisory committee or review panels
 Independent contractor (including contracted research) Other activities (please describe):
 Click or tap here to enter text.

Financial Relationship Disclosure Form

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

Non-Financial Relationship Disclosure

(Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships).

Program Planners/instructional personnel have a relevant non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: Click or tap here to enter text.

Non-financial relationship with (name of Company/Organization/Institution):

Click or tap here to enter text.

Date form completed: Click or tap to enter a date.

What is the nature of the non-financial relationship? (Complete all that apply)

Personal, please describe: Click or tap here to enter text.

Professional, please describe: Click or tap here to enter text.

Political, please describe: Click or tap here to enter text.

Institutional, please describe: Click or tap here to enter text.

Personal interest, please describe: Click or tap here to enter text.

Bias, please describe: Click or tap here to enter text.

Other relationship, please describe: Click or tap here to enter text.

For what role?

- Volunteer employment Volunteer teaching and speaking Board membership
 Volunteer consulting Volunteer membership on advisory committee or review panels
 Other volunteer activities (please describe): Click or tap here to enter text.

Non-Financial Relationship Disclosure Form

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

IAOM Approved Certification Track Course Fee Agreement

Fees

I agree to pay the IAOM a yearly **\$1000.00** fee plus a \$50 fee for each course offering, to help offset the administrative costs associated with the IAOM, ASHA and AGD course approval process. I understand that this **fee is for the entirety of the calendar year and will not be pro-rated in any way.**

ASHA

I understand that IAOM approved courses will accrue an additional ASHA CE fee of \$325.00 for my first scheduled course of the year and that an additional \$50.00 is due for each subsequent Certification Track course offering scheduled within the same calendar year thereafter, payable directly to ASHA.

ASHA has established the following fees increase for the first cooperative offering of a course at \$400.00 starting on January 1, 2022. The fee for each subsequent cooperative offering of the same course is \$50.

I understand these additional fees are set by ASHA and that the IAOM has no control over this set fee.

I understand the applications and fees for a course must be APPROVED by ASHA a full 30-45 days prior to the course start date. In accordance with this, I further understand that ASHA charges its agencies a fine if deadlines related to course registrations; receipt of payment; and/or timely reporting is not met and that any fines levied will be the sole responsibility of the course instructor. IAOM will send an invoice to the instructor through their account, on the IAOM website

AGD

I understand a portion of the IAOM fees represent the costs of maintaining ability to provide AGD CE credits.

I agree that all IAOM fees must be paid in full prior to the IAOM grant of approval of a Certification Track Course for continuing education units (CEU) or placing this approved course information on the IAOM website. Should you wish to pay via credit card, please email the Executive Coordinator at: info@iaom.com to be invoiced.

I understand that payment should be submitted upon receiving an email indicating approval of this application from the IAOM Education Committee.

I have read and agreed to the terms of this agreement.

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

COURSEWORK

Parameters for IAOM Approval Guidelines for Certification Course Syllabus

The following information is critical as you plan for your course:

NUMBER OF CONTACT HOURS:

- Introductory courses should be a total of 28-40 hours, online, live or a blended course.
- Lunches and break times do not count toward “education minutes” and should be accounted for in your time ordered agenda. Lunch times, in and out, should be accounted for, within the confines of the Sign- In and Sign-out sheets for each day of the course. Working mealtimes are **not** allowed. Breaks and end times must be adhered to, as written within the time ordered agenda, required daily to ensure accurate attendance rates.

ASHA now particularly scrutinizes each time-ordered agenda and requires that instructors supply detailed accounting of “time spent” on their course syllabus.

EVIDENCE BASED PRACTICES:

Instructors should adhere to evidence based practice, as much as possible. Please follow the EBP suggestions from: ASHA: <http://www.asha.org/ce/for-providers/ResourcesForPresenters>

IAOM ADDITIONAL APPROVED TOPICS:

- o *Supportive Research* can now be provided regarding food allergies, postural implications, TMD or other disorders as it would direct attendees in making appropriate referrals. TMD is identified as an advanced area of specialty, and should be identified as such, by instructors whenever discussing assessment, treatment and referral. Specialists in the area of dentistry and dental hygiene frequently work on muscular dysfunction associated with the temporomandibular process (not the joint). Course participants may not have the educational background and/or

experience to sufficiently assess and treat muscular dysfunctions of the Temporomandibular joint. Attendees should be advised to avoid working with patients until their knowledge, skill set, or advanced training have adequately prepared them to do so.

- o *Explanations* supporting use of nasal sprays, nasal washes, and xylitol sprays to promote nasal breathing, within the confines of the discipline's scope of practice and state licensure. Recommendations to an Otolaryngologist (ENT) or allergist regarding patent nasal airway should be emphasized.

Course participants should be made to fully understand that while photos displayed throughout the course may have come from therapy, similar dental changes are not necessarily guaranteed in all clients. Furthermore, it must be clear to attendees that genetic markers, motivation, continuation of the program, and many other influencing factors, play a part in determining success or failure of remediation protocols in Orofacial Myofunctional Treatment. Orofacial myofunctional therapy should not be misconstrued as physical therapy, occupational therapy, speech therapy, or oral motor therapy by course participants. It should be made clear to attendees, that orofacial myofunctional treatment is a modality of treatment.

REFRAIN FROM TRAINING RELATED TO:

Certification Track Introductory Level Courses should refrain from introducing information related to augmentative therapies such as:

- Cranial manipulation or myofascial release techniques
- TMJ manipulation
- Cranial nerve "remapping"
- Yoga positions or stretching (instruction may include exercises that will encourage appropriate posture for swallowing and rest position).
- Restorative breathing techniques, as this is viewed as an advanced topic of study. This should not be confused with respiration.
- Facial rejuvenation (direct exercises, creams, devices etc.
- Products not intended for OFM use
 - o Vitamins, minerals and any other product, even over the counter
 - o Specific oral appliances: While an instructor may speak of varying types of appliances and how they might be a part of a program when provided by allied health professionals, detailed discussion is considered an advanced topic.

ASHA requirements prohibit the promotion of certain products or 3rd party promotions within course content. All products and promotional materials must be outside the room.

The IAOM requires only a cursory discussion regarding business practices, as this has been identified as an **advanced topic area**. Instructors should educate attendees regarding importance of being familiar with scope of practice, state licensure requirements, and how to use those entities to determine appropriate business practices. ASHA does NOT accept all business or education-related topics. **Should an instructor create a more thorough level of business practice exploration, using the following guidelines will create higher possibility of acceptance of coursework by ASHA. Business topics should be drawn from the following categories while using like terminology:**

- Issues related to caseload management
 - Applying for EIN
- Asepsis and infection control
- Business practice and marketing issues DIRECTLY related to *clinical service delivery*
- Governmental and regulatory issues associated with patient care
- Governmental and regulatory issues associated with the practice of SLP
- Regulatory and reimbursement issues including HIPPA, Medicare and third party reimbursement issues related to Telepractice, as well as in person delivery.
- Implementation and compliance issues related to patient's privacy rights
- Skill development in effective presentation of information to clients or students
- Inter-Trans-collaborative-disciplinary teams and issues
- Ethics
- Training of support personnel
- Clinical instruction, education and supervision

IAOM Certification Track Course Curriculum Content Requirements

Curriculum:

IAOM

- Historical Introduction to organization including historical background
- Scope of practice- How it is defined. Instructors are to direct attendees to locations for them to determine their state and/or country's licensure and scope of practice requirements.
- IAOM certification procedures and why. Refer to IAOM website at: www.iaom.com/com for certification and www.iaom.com/fom for Fellow in Orofacial Myology certification procedures. Brief discussion regarding the case studies that are required as a portion of the certification process. Please find a representation given from Examiner's Committee, in Bitrix Forms Folder, regarding case studies.
- Benefits of membership; discuss IAOM's non for profit standing (originated in 1971) and the need for volunteerism to support its function and growth

Anatomy and physiology related to orofacial myology

- Orofacial development
- Orofacial Muscle identification and function
- Normal versus undesirable
- Chew/bolus collection process
- Swallow patterns

Oral Resting Posture

- Rest posture of the lips and tongue and jaw
- Nasal breathing versus chronic open mouth posture
- Other related muscle groups

Etiologies that might interrupt proper orofacial development

- Noxious habits/digit-sucking
- Medical issues (airway obstruction, **recognizing symptoms** associated with disorders of SDB, decreased oral airway and other associated breathing difficulties syndromes, etc) Instructors must make it clear to attendees that diagnosing these medical conditions may not be within their scope of practice, and that it is the attendee's responsibility to know their discipline's limitations as defined by state licensure and scope of practice.
- Ankyloglossia Instructors will discuss identifying lingual, labial and buccal restrictions and how they impact functional oral motor resting and oral motor patterns. Instructors should educate attendees regarding dysfunction and the individual nature of those dysfunctions. Instructors may refer to more advanced course offerings to support attendees further understanding.
- Dysfunctional respirations, and the impact on oral structures and the resulting dysfunctional patterns. Instructor should educate regarding patent airway, and possible dysfunctions.
- Sleep apnea. Instructor will educate attendees to understand that they must work within the confines of their scope of practice and licensure. Discussion regarding appropriate referrals if sleep apnea is of concern.
- Recognizing patterns associated with Tempo Mandibular Disorders. Instructors must make it clear to attendees, that they must consider their scope of practice, and licensure. Instructor is responsible for making it clear to attendee that orofacial myofunctional treatment is not treating the JOINT, but rather the musculature involved. It is also the instructor's responsibility to educate attendees to understand that dealing with TMD requires extensive education, and determinations regarding making appropriate referrals.

Dental/Orthodontic fundamentals:

- Occlusion
- Malocclusion
- Structural versus environment causes
- Orthodontic appliances
- Dentofacial differences
- Palatal expansion devices. Teeth vs bone growth

Diagnostics (Must include hands on and Application: a case from a pediatric and an adult client)

Case History: Concrete representation of obtaining Case History

- Evaluation: Examples of written assessments; Must include instruction and interactive discussion regarding the foundations of an assessment. Including but not limited to appropriate measurements, value of photographs, and equipment suggestions.
- Treatment Planning including referrals as appropriate, examples of appropriate goal writing and interactive component with instructors and attendees actively writing appropriate goals, for pediatric and adult client.

- Must include contact and case studies with focus on completing assessments of a pediatric and an adult client, and all that entails. There should be hands on portions as well as active discussion regarding assessment of orofacial myofunctional dysfunction.

Treatment in Various Stages (must include interactive creation of plan through discharge; Particular attention and interactive discussion knowing when client should transition to Habituation Phase, and when a client would be ready for discharge: This should include a pediatric and an adult client, respectively)

- Muscle training and retraining
- Chewing/bolus collection/transit for swallow
- Parafunctional Habits: Identification and Treatment protocols.
- Habituation of patterns. Clear guidelines on when the patient has reached the Habituation Phase, as well as clear determination of when the phase is complete.
- Follow-up: Clarification and instruction
- Other areas affecting the outcome and success of treatment and/or the decision of when or if treatment is recommended

Referrals

- Building a referral team
- Establishing a referral base
- Understanding when and why to refer to an Otolaryngologist (ENT), dentist, Ankyloglossia release providers, orthodontist and/or allergist regarding patency of the airway, release of restrictive tissues, and the role of nasal sprays, washes and Xylitol sprays

Asepsis for the orofacial myologist

Practice management

- Forms
- Scheduling
- Record keeping
- Documentation
- Marketing, etc. (at an introductory level)

Research development is not an introductory topic

(Course material need not be presented in exact order above)

I have read and provided all requirements listed above

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

Course Description

(Include the following)

Title: Provide a title for your activity that will be meaningful to others. There is a limit of **50 characters**, including letters, numbers, spaces and punctuation marks.

Activity Description: Describe the key elements of the activity to indicate content succinctly in approximately **4 lines or 300 characters**.

Number of Contact Hours: Approved **IAOM** Certification Track course is a minimum of 28 and a maximum of 40 hours. Hours may be dispersed between live, online and/or a combination of both. Careful consideration to beginning and ending times must be made. Attendees access to materials must be clear within time ordered agenda, and Instructor understands that ASHA fees may vary given format of course. Please seek clarification regarding fees via ASHA website (ASHA.org or the ASHA Administrator via (education@iaom.com))

Dates and Times: A calendar of scheduled approved course dates, times and locations should be included. Approved Certification Track courses will only be posted on the website if there are class dates posted.

Location: To be determined by each course presenter. In application, all locations for the upcoming year must be revealed. Should Instructor(s) wish to change a location, the change must be submitted for approval to Education Committee (education@iaom.com) , via enclosed Edit/Change form (Page 43) BEFORE the course is available for registration.



Learning Outcomes: Learning outcomes provide a foundation for the Certification Track course format, content, and final assessment. They inform the participant, as well as the accrediting bodies, of what they can expect as a result of the learning process. By focusing on the performance of the learner, it provides a positive impact of the Certification Track course benefits. Listed outcomes should use clear and concise, measurable and observable terms and measures. Vague wording should be avoided. Course content is relayed to the course attendees.

Note: Certification Track course material and content must meet ASHA and AGD requirements. To ensure information meets that criterion, it will be reviewed, and edits may be requested by the ASHA and AGD CE Administrators. Should changes be required, the instructor will submit the enclosed Edit/Change form to Education Committee (education@iaom.com).

IAOM Website Advertisement Agreement and Promotional Materials

Promotional Materials: Submit a copy of any marketing materials to be used to advertise or promote this Certification Track course. That includes: registration forms, advertisement, flyers, brochures, post cards, and links to all social media platforms. IAOM Certification Track Course presenters are responsible for publicity of their courses, with the exception of 1 free advertising on the IAOM website.

Things to Know:

Once the Certification Track Course has been approved, the IAOM Education Committee will email the Instructor the IAOM CE badge and statement. All promotional materials must include the required ASHA, IAOM and AGD CE logo and approved CEU sentence.

See link to proper usage of printing the ASHA Brand Block and writing the CEU sentence. ASHA strictly requires adherence to these details.

<https://www.asha.org/siteassets/uploadedfiles/guidelines-for-ce-provider-insignia.pdf>

Please Note: The standards and requirements have changed significantly for AGD CEs. Upon receiving IAOM approval, the AGD logo will be provided and the following disclaimer must be boxed next to it.

“IAOM is designated as an Academy of General Dentistry Approved Pace Program Provider. FAGD/MAGD. Credit approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.” (06/01/2019-05/31/2022) Provider ID: 218851”

- The ASHA/AGD CE Administrators and Education Committee Co-Chairs must approve all publicity/registration materials for the pending Certification Track course, to assure compliance with ASHA, AGD requirements. All announcements, fliers, and registration forms must meet ASHA, AGD, and IAOM marketing guidelines. The appropriate logos will be forwarded once this course has been approved.
- Education objectives must be published on the course website, as well as, any brochures, publicity, materials, programs, advertisements, and social media platforms, per ASHA, AGD, and IAOM requirements. All materials must clearly state that the approved Certification Track courses are offered in accordance with the established guidelines of the IAOM.
- In all promotional material, instructional personnel must list financial or non-financial disclosures, and/or disclose the names of organization contributing financial and in-kind support. If no disclosures are present, ASHA requires a sentence in the promotional material stating, “No relevant financial or non-financial relationships to disclose”.

This website advertisement format is the only acceptable format for the IAOM website.

Please adhere to these guidelines:

- All information posted on the website must be approved upon final review of the Education Committee. Upon approval, the Committee will allow website posting.
- Changes to the website must be requested through the Education Committee Co-Chairs for review and approval who will then forward the approved changes to the IAOM webmaster for website changes.
- Each course presenter is entitled to one complimentary site change to this information after its original initial posting
- I confirm that I have reviewed, and am responsible for, all advertisements pertaining to the approved Certification Course

Instructor Signature: _____ Date: Click or tap to enter a date.

*Guest Speaker Signature: _____ Date: Click or tap to enter a date.

Instructional Methodologies

ADDITIONAL ASHA COURSE DETAILS FOR CE APPLICATION:

ASHA requires the following information upon requesting CEUs. Please check (all that apply):

Type of “Instructional Methodologies” used while teaching your course:

- Lecture
- Video/audio (live or prerecorded)
- Demo of procedures
- Case study
- Small group activity
- Panel discussion
- Observation of patients
- Simulations
- Other (describe) [Click or tap here to enter text.](#)

This become necessary since there are so many different formats for learning that ASHA accepts these days: lecture; self-study; online format, etc. They just differentiate and so IAOM needs to delete all of this by indicating:

What is your process for “Assessment of Learning Processes” for participants?

- Performance Demos
- Written Report
- Oral Report
- Self-assessment
- Completion of a project
- Written examination
- Oral examination
- Question & answer session
- Graded summary of course content and curriculum
- Other (describe) [Click or tap here to enter text.](#)

Proposed dates and Locations for Certification Track Course

Course Title: Click or tap here to enter text.

Instructor: Click or tap here to enter text.

Dates(s) and Location(s):

1) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

2) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

3) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

4) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

5) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

6) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

7) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

8) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

9) Date(s): Click or tap here to enter text.

Location: Click or tap here to enter text.

10) Date(s): Click or tap here to enter text.



Location: Click or tap here to enter text.

Course Attendee Information Agreement for IAOM Approved Certification Track Course

Course Title: Click or tap here to enter text.

Name of Instructor(s): Click or tap here to enter text.

Date of the Course: Click or tap to enter a date.

SCOPE OF PRACTICE FOR OROFACIAL MYOLOGIST CORE STATEMENT:

The Orofacial Myologist is trained to evaluate and treat patients with a variety of oral and facial muscle dysfunctions. Certified Orofacial Myologists (COM®) and orofacial myologists in the process of becoming certified may also have additional training in speech/language pathology, dental hygiene, dentistry, or other allied oral health related professions that the IAOM has determined to be within the scope of practice of Orofacial Myology. (Refer to the IAOM Bylaws and Code of Ethics).

The practice of orofacial myology includes the evaluation and treatment of the following:

- Abnormal non-nutritive sucking habits (thumb, finger, pacifier, etc. sucking habits) and other detrimental orofacial habits
- Abnormal orofacial rest posture problems
- Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition
- Abnormal functional breathing patterns
- Abnormal swallowing patterns
- Abnormal speech patterns (only if the COM® has the speech-language pathology credentials required by his/her State, Province or Country)

The overall goals of orofacial myofunctional therapy are to assist in the creation, the restoration, and the maintenance of a normal (Optimal) and harmonious muscle function environment.

IAOM HIPAA Confidentiality Agreement:

All pictures in the form of slides, print, still or video presentation shall remain confidential according to HIPAA regulations. These graphics shall not be used, duplicated in printed or digital form for promotional or marketing purposes by any registrant outside the Certification Track IAOM Approved course in any manner unless written permission has been obtained from the IAOM instructor and said patient. This information is protected and should not be disclosed to any unauthorized individuals in order to

maintain the integrity of the private patient health information. I agree to maintain confidentiality of all information obtained in this course.

IAOM Approved Certification Track Course Disclaimer:

The IAOM Certification Track Courses follow rigorous content guidelines as approved by the organization. By approving Certification Track courses, the therapeutic techniques and personal opinions expressed by IAOM approved instructors, does not imply endorsement of any specific exercises or techniques. The IAOM is **not** responsible for any arrangements, any liabilities, or any financial obligations of such IAOM approved training courses.

With my signature, I acknowledge that:

- I have received and carefully read the IAOM Orofacial Myology Scope of Practice and agree to its principles and membership requirements as it pertains to Topic Instruction.
- I am compliant with the code of ethics of my national/state/country's Professional association.
- I am a verified licensed (or the equivalent, for my place of residence) RDH, SLP, dentist or other allied health professionals who has presented proof of approval by the IAOM Board of Directors.
- I have read and understand the courses's policies with regards to privacy and security of personal health information and agree to maintain confidentiality of all information obtained in the course. I understand that inappropriate disclosure or release of related patient information is a violation of federal HIPAA law and can be grounds for future litigation.
- I release my instructor(s) and the IAOM from any liabilities derived from not properly following and abiding to the Orofacial Myology Scope of Practice
- All information provided on and in connection with this form is true and correct to the best of my knowledge.
- Upon providing required verification of licensure (or its equivalent to practice) and this signed document, I understand that I am able to attend the upcoming IAOM Approved Certification Course.

Attendee Signature: _____

Date: Click or tap to enter a date.

Printed Name: _____

Date: Click or tap to enter a date.

Please keep a copy for your own file

Course / Instructor Evaluation

Thank you for attending our IAOM Certification Track Introductory Course. We feel especially honored to be able to assist you in your journey to becoming a Certified Orofacial Myologist. Please complete this survey to assist us in measuring the effectiveness of our programs.

Please complete this form at the end of your last session.

1= **Strongly Disagree**, 2=Disagree, 3=Neutral, 4=Agree, 5=**Strongly Agree**

PLEASE CIRCLE ONE OF THE FOLLOWING:

- 1. Content was evidence based and educational
1 2 3 4 5
- 2. Content was professionally appropriate and a value
1 2 3 4 5
- 3. Programs met stated educational objectives
1 2 3 4 5
- 4. Instructors and Speakers communicated course content well
1 2 3 4 5
- 5. A variety of teaching methods were employed
1 2 3 4 5
- 6. Instructors and Speakers were well qualified and knowledgeable
1 2 3 4 5
- 7. The Time allotted for content was appropriate
1 2 3 4 5
- 8. Overall evaluation of the course
1 2 3 4 5

- 9. What did you most like about this presentation?

- 10. What did you least like about this presentation?

Thank you for filling out the survey. Please add any additional comments below.

***GUEST SPEAKERS/ASSISTANTS**

It is the position of the International Association of Orofacial Myology (IAOM) that to assure provision of quality of services to professionals seeking education in the field of Orofacial Myology and orofacial myofunctional disorders, certain minimum qualification standards must be met for any GUEST SPEAKERS that present during an approved Certification Track course. Assistants are required to meet the AGD 1 instructor per 15 attendees required ratio, for hands on portions of the approved course. An Assistant must submit a vitae for approval, per AGD requirements. An assistant would not be approved to present or speak on the IAOM topics, within the context of the Certification Track course, but rather to assure quality supervision and direction, as is required by AGD for credit.

Requirements:

- A guest speaker is an individual who is periodically invited to speak during the certification track course *A guest speaker is a COM® of 5 years.
- A guest speaker is permitted to speak for up to consecutive 2 hours during the Certification Track course after approval has been obtained from the Educational Committee. *An assistant is **not** a speaker but must be approved for each course they assist. Should the “guest speaker” be teaching for more time, or more then occasionally, the course should consider the “guest speaker” as an instructor.
- The main instructor of the presentation assumes full responsibility for the Guest Speaker/Assistant.
- Topics related to presentations by Guest Speakers must be in an area of shown clinical competence and supported by the speaker’s biography and/or vitae
- A guest speaker who presents at more than 30% of the yearly scheduled course presentations and lectures for more than a 2 hour period during a single course is considered an “adjunct instructor” rather than “guest speaker.” Adjunct instructors and Guest Speakers should be included in all course applications, biography/vitae and marketing materials like any other instructor and hold the same credentials to meet IAOM requirements or regular part of a coursework presentation.
- Per AGD requirements, assistants must be equally qualified as instructor to assist in hands on portions of the course.

Application for Guest Speakers (Assistants must provide an up-to-date Vitae):

- Guest speakers are to submit:
 - Vitae and biography of professional work history and accomplishments.
 - Topic outline

- Topic learning outcomes
- Paragraph of information to be presented.
- HIPAA Confidentiality Agreement
- Website Advertisement Agreement and Promotional Materials Agreement, if guest speaker is marketing separately from approved Certification Track Course

***Course Guest Speaker Information Agreement for IAOM Approved
Certification Track Course**

Course Title: Click or tap here to enter text.

Name of Instructor(s): Click or tap here to enter text.

Date of the Course: Click or tap to enter a date.

SCOPE OF PRACTICE FOR OROFACIAL MYOLOGIST CORE STATEMENT:

The Orofacial Myologist is trained to evaluate and treat patients with a variety of oral and facial muscle dysfunctions. Certified Orofacial Myologists (COM®) and orofacial myologists in the process of becoming certified may also have additional training in speech/language pathology, dental hygiene, dentistry, or other allied oral health related professions that the IAOM has determined to be within the scope of practice of Orofacial Myology. (Refer to the IAOM Bylaws and Code of Ethics).

The practice of orofacial myology includes the evaluation and treatment of the following:

- Abnormal non-nutritive sucking habits (thumb, finger, pacifier, etc. sucking habits) and other detrimental orofacial habits
- Abnormal orofacial rest posture problems
- Abnormal neuromuscular muscle patterns associated with inappropriate mastication, bolus formation, and deglutition
- Abnormal functional breathing patterns
- Abnormal swallowing patterns
- Abnormal speech patterns (only if the COM® has the speech-language pathology credentials required by his/her State, Province or Country)

The overall goals of orofacial myofunctional therapy are to assist in the creation, the restoration, and the maintenance of a normal (Optimal) and harmonious muscle function environment.

IAOM HIPAA Confidentiality Agreement:

All pictures in the form of slides, print, still or video presentation shall remain confidential according to HIPAA regulations. These graphics shall not be used, duplicated in printed or digital form for promotional or marketing purposes by any registrant outside the Certification Track IAOM Approved course in any manner unless written permission has been obtained from the IAOM instructor and said patient. This

information is protected and should not be disclosed to any unauthorized individuals in order to maintain the integrity of the private patient health information. I agree to maintain confidentiality of all information obtained in this course.

IAOM Approved Certification Track Course Disclaimer:

The IAOM Certification Track Courses follow rigorous content guidelines as approved by the organization. By approving Certification Track courses, the therapeutic techniques and personal opinions expressed by IAOM approved instructors, does not imply endorsement of any specific exercises or techniques. The IAOM is **not** responsible for any arrangements, any liabilities, or any financial obligations of such IAOM approved training courses.

With my signature, I acknowledge that:

- I have received and carefully read the IAOM Orofacial Myology Scope of Practice and agree to its principles and membership requirements as it pertains to Topic Instruction.
- I am compliant with the code of ethics of my national/state/country's Professional association.
- I am a verified licensed (or the equivalent, for my place of residence) RDH, SLP, dentist or other allied health professionals who has presented proof of approval by the IAOM Board of Directors.
- I have read and understand the courses's policies with regards to privacy and security of personal health information and agree to maintain confidentiality of all information obtained in the course. I understand that inappropriate disclosure or release of related patient information is a violation of federal HIPAA law and can be grounds for future litigation.
- I release my instructor(s) and the IAOM from any liabilities derived from not properly following and abiding to the Orofacial Myology Scope of Practice
- All information provided on and in connection with this form is true and correct to the best of my knowledge.
- Upon providing required verification of licensure (or its equivalent to practice) and this signed document, I understand that I am able to attend the upcoming IAOM Approved Certification Course.

*Guest Speaker Signature: _____

Date: Click or tap to enter a date.

Printed Name: _____

Date: Click or tap to enter a date.

Please keep a copy for your own file

Memorandum of Understanding

Memorandum of Understanding between International Association of Orofacial Myology (IAOM) and IAOM Certification Track Approved CE Instructor (provide two with application)

Purpose:

The International Association of Orofacial Myology (IAOM) is a non-profit professional organization providing education, training, and certification in the field of orofacial myology. The IAOM offers and maintains accreditation as a Continuing Education provider to select healthcare professionals. The IAOM relies on skilled, ethical, trained, and certified members to offer its curriculum.

Collaboration:

The IAOM approves [Click or tap here to enter text.](#) (Name/Company) to act as A Certification Track Continuing Education Instructor to engage in providing educational services upon its behalf, while [Click or tap here to enter text.](#) (Name/Company) agrees to adhere to IAOM's curriculum, participant eligibility requirements and to submit all necessary paperwork related to the CE status in a consistent, timely fashion.

Financial:

The IAOM acknowledges [Click or tap here to enter text.](#) (Name/Company) will be responsible for providing time, staff, marketing, collection all necessary documentation, as well as other unnamed expenses associated with course offerings. IAOM also acknowledges that [Click or tap here to enter text.](#) (Name/Company) will receive financial reimbursement for providing these Certification Track approved courses, from individual course attendees.

Quality:

In order to maintain the integrity of its mission, educational guidelines, assist its instructors on a variety of topics and to offer general good counsel, the IAOM reserves the right to randomly assign a course quality monitor to observe a Certification Track course at any time without notice. Furthermore, if after investigation, it is determined that the terms of this agreement have been violated the [Click or tap here to enter text.](#) (Name/Company) understands that their Certification Track approval status may be subject to immediate revocation.

This Memorandum of Understanding will be in effective
[Click or tap here to enter text.](#) – [Click or tap here to enter text.](#) Dates

This **Memorandum of Understanding** is the complete agreement between the International Association of Orofacial Myology (IAOM) and [Click or tap here to enter text. \(Name/Company\)](#). This Memorandum of Understanding has been drawn up in two (2) original copies; each party receiving one duly signed copy.

Instructor Signature: _____ Click or tap to enter a date.

*Guest Speaker Signature: _____ Click or tap to enter a date.

APPENDIX

REQUEST FOR EDIT/CHANGE OF COURSE INFO

TITLE OF COURSE: Click or tap here to enter text.

ORIGINAL DATE/DATES: Click or tap here to enter text.

CONTACT PERSON: Click or tap here to enter text.

AS A PREVIOUSLY APPROVED COURSE, WE ARE THE SUBMITTING THE FOLLOWING CHANGES FOR APPROVAL:

ORIGINAL SUBMISSION INFORMATION BEING CHANGED:

REQUESTED EDIT TO PREVIOUSLY APPROVED COURSE INFORMATION:
