AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP) 2014 STANDARDS

Instructions

1. Complete and submit the following:

    - **Four-page application form:** pages 1–3 to be completed and signed by the applicant; page 4 to be completed and signed by the director of the graduate academic program, and must be the original page from the application with the ASHA logo (blank or altered copies will not be accepted. **All 4 pages must be from *this* 2014 standards application and submitted together**; partial applications and applications containing pages for standards other than 2014 will delay processing.
    - **Full payment** in the form of a check or charge authorization (page 5). Visa, MasterCard, or Discover are accepted. If paying by check, please make payable to ASHA.
    - **Official graduate transcript** from your institution showing course work completed for certification, and verifying the degree awarded and date conferred. (If necessary, a letter from the registrar that verifies the degree awarded and the date it was conferred will be accepted in place of the official transcript.)

2. Please complete the application form in black or blue ink.

3. Applications must bear the original signature of the applicant, and either an original or an electronic signature of the director of the graduate academic program. Applications not meeting these requirements are considered incomplete and will delay the awarding of certification.

4. Please make and retain copies of all documents prior to submitting them to the ASHA National Office. Copies of documents are not available once certification is awarded.

5. Please carefully review the application prior to submission to be certain that all sections have been completed. Incomplete applications will be returned to the applicant.

6. Please mail application with full payment to:

    American Speech-Language-Hearing Association
    PO Box 1160 #313
    Rockville, MD 20849

Application review time is approximately 4–6 weeks, and sometimes as long as 6–8 weeks during very busy periods, from the date all required materials are received. Certification cannot be awarded until we have verified that all requirements of the standards have been met.

American Speech-Language-Hearing Association
PO Box 1160 #313, Rockville, MD 20849

For Internal Use Only
Account #_____
Most Recent CCC Date___/____/____
Expiration Date____/_____/_____

APPLICATION FOR CERTIFICATION AND MEMBERSHIP
2014 SPEECH-LANGUAGE PATHOLOGY STANDARDS

Please read all application instructions before completing and submitting this form.
ALL sections must be completed and original signatures must appear on the application.
Please be sure that you are using the appropriate application for the standards under which you wish to apply.

I. BACKGROUND INFORMATION (Sections 1-5)

(1) Personal Information

Ms
Mrs
Mr
Miss
Dr

Name: _____
First Middle Previous Last

Mailing Address: _____

_____
City State Zip

Social Security Number: _____ Date of birth: _____

Daytime phone number: _____ Evening phone number: _____

E-mail address: _____ Fax number: _____

(2) Application Category and Current Affiliation

I am applying for (Please [√] the appropriate category):

[ ] Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) and ASHA Membership
[ ] CCC-SLP (without ASHA Membership)

My present affiliation with ASHA is (Please [√] the appropriate category):

[ ] None [ ] ASHA Member only [ ] NSSLHA Member/Former Member (Account # _____)
[ ] Certificate of Clinical Competence in Audiology (CCC-A) and ASHA Membership
[ ] CCC-A (without ASHA Membership)

I am a former member of ASHA [ ] Yes [ ] No
I am a former ASHA certificate holder [ ] Yes [ ] No
I am a former applicant for certification and/or ASHA membership [ ] Yes [ ] No

(3) Education – Official transcripts must be submitted by all applicants. Complete information below for your undergraduate and graduate institutions.

Institution Code	Education Began Mo	Yr	Education Completed Mo	Yr	Institution Name	Major	Date Degree Awarded	Degree
Ex. R0291	***08***	***2010***	***05***	***2013***	***ABC University, USA***	***SLP***	***06/12/2013***	***MS***

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Name of Applicant: _____
(Please print)

(4) Examination Information

I have taken and passed the Praxis Series examination in speech-language pathology and have listed ASHA as a score recipient. Please [√] the appropriate response: [ ] yes [ ] No

Note: Only scores received directly from the Educational Testing Service (ETS) are accepted for certification; please do not submit paper copies of your score report.

(5) Disclosure Information

1. Have you ever been convicted; been found guilty; or entered a plea of guilty or *nolo contendere* to
   a. any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another *or*
   b. any felony?

   Check one: [ ] Yes [ ] No

   If yes, explain fully, including the nature and date of the offense(s); your age at time of conviction or plea; whether incarceration, fine, or probation was imposed; rehabilitation; and any other relevant factors that you would like ASHA to consider. Use a separate piece of paper if necessary. Include a résumé reflecting your work history since the time of the offense.
   - Please submit a *certified copy* of court record or docket entry of the finding, conviction, and/or plea, or, if applicable, a *certified copy* from a governmental agency(s) that includes the pleas and/or convictions and demonstrates remediation.
   - If the offense has been sealed or expunged by a court or agency, submit a *certified document* to that effect.

   _____

   _____

   ***Note**: Checking yes to any of the above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the underlying finding, plea, or judgment of conviction has been modified, reversed, vacated, or set aside (on appeal).*

2. Are you presently indicted on or charged with
   a. one or more misdemeanors involving dishonesty, physical harm to the person or property of another, or threat of physical harm to the person or property of another *or*
   b. one or more felonies?

   Check one: [ ] Yes [ ] No

   If yes, explain fully, including the nature and date of the alleged offense(s), the court of jurisdiction where the indictment(s) or charges are pending, and any other relevant factors that you would like ASHA to consider. Please use a separate piece of paper if necessary.

   _____

   _____

   ***Note**: Checking yes to the question above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the indictment(s) or charge(s) have been dismissed or otherwise resolved.*

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Name of Applicant: _____
(Please print)

3. Have you ever been
   a. disciplined or sanctioned, other than for insufficient professional or continuing education, by any professional association, professional licensing authority or board, or other professional regulatory body?
   b. denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?

   Check one: [ ] Yes [ ] No

   If you checked "yes":
   - Explain fully, including the nature and date of the offense(s); rehabilitation; restitution; and any other relevant factors that you would like ASHA to consider. Use a separate piece of paper if necessary.
   - Submit a certified copy of documentation from the professional agency(s) that includes the denial, discipline or sanctions imposed and demonstrates, if applicable, remediation.
   - Include a résumé reflecting your work history since the time of the offense.

_____

_____

_____

_____

***Note**: Checking yes to the question above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the underlying finding, discipline, or sanction has been modified, reversed, vacated, or set aside.*

II. Affidavits (Section 6)

A. I affirm that all of the information provided on this application is true and accurate and fully responsive to the questions asked.
B. I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association.
C. I agree to abide by all standards required to maintain my certification, including payment of annual fees and participation in continuing professional development activities, and I understand that, once certified, my certification status may be made available to the public.

Signature: _____ Date: ____/____/____

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Name of Applicant: _____ (please print)

2014 Standards for Clinical Certification in Speech-Language Pathology
Verification by Program Director

Please respond to each statement. The applicant must have met each standard in order to be awarded certification.*

□ Yes □ No	Has a master's, doctoral, or other recognized post-baccalaureate degree. (Std. I)
□ Yes □ No	Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. II)
□ Yes □ No	Completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the knowledge and skills outcomes. (Std. III)
□ Yes □ No	Has demonstrated knowledge of the biological sciences, physical sciences, statistics, and social/behavior sciences. (Std. IV. A.)
□ Yes □ No	Has demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. Has demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span. (Std. IV. B.)
□ Yes □ No	Has demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the nine areas noted in the standard. (Std. IV. C.)
□ Yes □ No	Has demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders. (Std. IV. D.)
□ Yes □ No	Has demonstrated knowledge of standards of ethical conduct. (Std. IV. E.)
□ Yes □ No	Has demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice. (Std. IV. F.)
□ Yes □ No	Has demonstrated knowledge of professional contemporary issues. (Std. IV. G.)
□ Yes □ No	Has demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice. (Std. IV. H.)
□ Yes □ No	Has demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice. (Std. V. A.)
□ Yes □ No	Has completed a program of study that included experiences sufficient in breadth and depth to achieve the skills outcomes of evaluation, intervention, and interaction and personal qualities. (Std. V. B.)
□ Yes □ No	Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact. (Std. V. C.)
□ Yes □ No	Has completed at least 325 of the 400 clock hours while engaged in graduate study. (Std. V. D.)
□ Yes □ No	Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate profession for the minimum number of required clinical practicum hours. The amount of direct supervision was commensurate with the student's level of knowledge, skills, and experience, not less than 25% of the student's total contact with each client/patient, took place periodically through the practicum, and was sufficient to ensure the welfare of the client/patient. (Std. V. E.)
□ Yes □ No	Supervised practicum included experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span. (Std. V. F.)

Attach an explanation for any statements above for which you checked "no."

The program director or designee verifies that the student met each standard and has successfully met the academic program's requirements. *Photocopies or stamped signatures will not be accepted*.

Name of Program Director _____ Title _____
(Please print)

Signature _____ Date ____/____/____

Date course work and clinical practicum requirements for ASHA certification were completed ____/____/____

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CHARGE AUTHORIZATION FORM

- **Please submit payment in full**, U.S. currency only, with your application. *Dues and fees are non-refundable*.
- ASHA accepts MasterCard, Discover, or VISA. If paying by credit card, complete this form and submit with your application.
- If paying by check, you do not need to complete this form; simply include your check made payable to ASHA with your application.
- If you are unclear about the dues/fees you should submit with your application, please consult the dues and fees information found on How to Apply for Certification in Speech-Language Pathology on the ASHA website, or contact the ASHA Action Center for assistance at 800-498-2071.

Name of Applicant (please print)

Address

City State Country Zip/Postal Code

Telephone Number (Daytime) Telephone Number (Evening)

E-mail Address

I wish to pay by: ❑ **MasterCard** ❑ **Discover** ❑ **VISA**

_____/____/_____

Account number **Expiration date**

Name of Cardholder (as it appears on the card)

Amount of Payment $ _____ (Please indicate amount you are authorizing to be charged)

_____/ /_____

Signature of Cardholder Date