



ASHA
American
Speech-Language-Hearing
Association

CERTIFICATE OF CLINICAL COMPETENCE ACTIVE MILITARY DUTY INACTIVE AFFIDAVIT

Instructions

Print, complete, and submit this form by one of the following:

*E-Mail: cccmaintenance@asha.org

*Mail: ASHA

2200 Research Blvd. #313
Rockville, MD 20850

Please provide current, accurate information:

ASHA ID: _____

Check here if this is a new address

Name: _____ Previous Name(s) Used: _____

Address: _____

Street

City

State

Zip

Phone: _____ E-mail: _____

- I am on active military duty (a copy of my orders is attached). I understand that if my active duty extends past 4 years in duration, that I must submit a new Inactive affidavit with a copy of my new orders. If a new Inactive affidavit or a Return to Active Certification form is not submitted after 4 years, I understand that my certification (1) will be moved to Active status and I will be assigned to a 3-year maintenance interval and (2) I will be required to begin paying annual dues/fees.

My signature below affirms that I have read and agree to abide by all of the following requirements:

1. The information provided on this affidavit is accurate.
2. I will continue to abide by the Code of Ethics of the American Speech-Language Hearing Association.
3. I understand my CCC Inactive status may be made available to the public.
4. I understand that I am exempt from the certification maintenance professional development requirement during the time I am on Inactive status.
5. I understand that the CCC Inactive status for active military duty waives the requirement to pay annual certification fees during the time I am on the Inactive status.
6. I will cease using the designation CCC-A and/or CCC-SLP and will instead use the designation CCC-A (Inactive) and/or CCC-SLP (Inactive) during the time I am on Inactive status.
7. I understand that I may continue to provide clinical services or supervise the provision of clinical services, if it is part of my assigned role during deployment.
8. I will notify ASHA of my intent to return to clinical practice and regain Active certification status by completing and submitting the Return to Active Certification form.
9. I understand that if my active duty extends past 4 years in duration, that I must submit a new Inactive affidavit with a copy of my new orders. If a new Inactive affidavit or a Return to Active Certification form is not submitted after 4 years, I understand that my certification (1) will be moved to Active status and I will be assigned to a 3-year maintenance interval and (2) I will be required to begin paying annual dues/fees.

Signature _____

Date _____