



**ASHA**  
American  
Speech-Language-Hearing  
Association

## BOARD OF ETHICS

**SELF-REPORT FORM  
FOR ALLEGED VIOLATION OF THE ASHA CODE OF ETHICS  
OR THE ASSISTANTS CODE OF CONDUCT**

This Self-Report Form should **only be used by Certificate of Clinical Competence (CCC) holders, ASHA members, certified assistants, and applicants for ASHA certification who are disclosing professional discipline or criminal convictions** pursuant to Principal VI, Rule of Ethics (S) and/or (T) of the ASHA *Code of Ethics* or Principal III, Conduct Fundamentals (O) and/or (P) of the *Assistants Code of Conduct*. You must include with this form your certified copies of any convictions, final actions, or sanctions by a court or professional regulatory body.

**DATE:** \_\_\_\_\_

**NAME OF MEMBER/CCC HOLDER/CERTIFIED ASSISTANT/APPLICANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

ASHA membership/certification held or applied for:

ASHA member       CCC-A       CCC-SLP       C-AA       C-SLPA

**MEMBER/CERTIFICANT/APPLICANT SIGNATURE AND AFFIRMATION:** (Check all the boxes below and sign)

- I have read the *Code of Ethics*\* or the *Assistants Code of Conduct*.\*
- I have enclosed a written summary of the facts on which this self-report is based.
- I have enclosed additional documentation (certified court records of a conviction, final action, sanction or other disposition) regarding the violation(s) I am self-reporting and I have redacted any confidential information.
- I affirm that the statements and information in this self-report are correct, complete, and truthful to the best of my knowledge and belief.

\*Visit [www.asha.org/practice/ethics](http://www.asha.org/practice/ethics) for these resources.

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**Signature of Member/CCC Holder/Certified Assistant/Applicant**

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**Date**

It is the duty of all ASHA members, CCC holders, certified assistants, and applicants for certification to self-report their perceived violations of the *Code of Ethics* and/or the *Assistants Code of Conduct*. Your signature above signifies that the self-report is accurate and truthful.

Send this completed and signed Self-Report Form and accompanying documentation in an envelope marked **CONFIDENTIAL** to:

ASHA Standards and Ethics  
American Speech-Language-Hearing Association  
2200 Research Boulevard, #309  
Rockville, MD 20850-3289

**For general questions about the self-report filing process, contact ASHA Standards and Ethics at:**

- 800-498-2071 (ASHA members) or 800-638-8255 (consumers)
  - director of ethics, ext. 5785
  - ethics associate, ext. 5654
  - ethics case manager, ext. 5763
- [ethics@asha.org](mailto:ethics@asha.org)

**Office Use Only:**

Membership/Certification status verified? \_\_\_\_yes \_\_\_\_no

ASHA ID # \_\_\_\_\_ ASHA Complaint # \_\_\_\_\_