

**Summary of Changes to  
Standards for Certification in Speech-Language Pathology  
Approved July 2012, Effective September 1, 2014**

At its July 2012 meeting, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) approved revisions to standards and implementation language as indicated below. These changes were made after extensive deliberation and careful consideration of all comments received as part of the peer review of the proposed revisions in fall 2011. The following is a comparison of the current language with the approved new language, descriptions, and rationale for the changes. Changes are indicated in **red** in the Revised Wording Column; minor editorial changes are not highlighted. In some cases, the complete Implementation language is not included; rather, only the sections that include changes. The current Standards for Certification in Speech-Language Pathology are available on the ASHA website.

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
<p><b>Std. I: Degree</b> Effective January 1, 2005, the applicant for certification must have a master’s or doctoral or some other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.</p> <p>All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.</p>	<p><b>Std. I: Degree</b> <b>The applicant for certification must have a master’s, doctoral, or other recognized post-baccalaureate degree.</b></p>	<ul style="list-style-type: none"> <li>• The standard now describes only the degree, not the plan of study.</li> <li>• The revision reflects the reorganization of the standards. The program of study is described in subsequent 2014 standards.</li> </ul>
<p><b>Std. II: Institution of Higher Education</b> The graduate degree must be granted by a regionally accredited institution of higher education.</p>	<p><b>Std. II: Education Program</b> <b>All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a</b></p>	<ul style="list-style-type: none"> <li>• The standard now describes the education program.</li> <li>• The revision reflects the reorganization of the standards.</li> </ul>

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	<p>speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA).</p>	<ul style="list-style-type: none"> <li>• Language from the 2005 Standard I has been moved to the 2014 Standard II.</li> <li>• Reference to regional accreditation has been removed because it is redundant with the requirement of CAA accreditation.</li> </ul>
<p><b>Std. III: Program of Study—Knowledge Outcomes</b> The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.</p>	<p><b>Std. III: Program of Study</b> The applicant for certification must have 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 specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.</p> <p><b>Implementation:</b> The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.</p>	<ul style="list-style-type: none"> <li>• The standard now describes only the program of study, not the knowledge and skills. Language from the 2005 Standards III-A through III-F has been moved to the 2014 Standard IV.</li> <li>• Reference to 75 semester credit hours overall has been removed. These numbers are prescriptive as to how a program of study is to be designed. The 2014 certification standards focus on the knowledge and skills obtained, rather than how they are obtained.</li> <li>• The minimum of 36 semester credit hours at the graduate level has been retained in response to peer review comments.</li> </ul>
<p><b>Std. III-A: The applicant must have prerequisite knowledge of the biological sciences, physical sciences, mathematics, and the social/behavioral sciences.</b></p> <p><b>Implementation:</b> The applicant must demonstrate through transcript credit (which could include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, mathematics, and the social/behavioral sciences. Appropriate course</p>	<p><b>Std. IV: Knowledge Outcomes</b></p> <p><b>Std. IV-A: The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.</b></p> <p><b>Implementation:</b> Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology,</p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• Reference to “prerequisite” knowledge has been removed. This is prescriptive to the design of the graduate program. The certification standards refer to the acquired knowledge and skills.</li> <li>• The standard requires demonstrated</li> </ul>

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<p>work in biological sciences could include, among others, biology, general anatomy and physiology, neuroanatomy and neurophysiology, and genetics. Course work in physical sciences could include, among others, physics and chemistry. Course work in behavioral sciences could include, among others, psychology, sociology, and cultural anthropology. Course work in math could include, among others, statistics and non-remedial mathematics. The intent of this standard is to require students to have a broad liberal arts and science background. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) cannot be applied for certification purposes in this category. Methodology courses, such as methods of teaching mathematics, may not be used to satisfy the mathematics requirement. In addition to transcript credit, applicants may be required by their graduate program to provide further evidence of meeting this requirement.</p>	<p><b>human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.</b></p>	<p>knowledge of statistics rather than mathematics. Knowledge in statistics is better aligned with practice in an evidence-based environment.</p> <ul style="list-style-type: none"> <li>Implementation language has been strengthened. For example, “Appropriate course work in biological sciences could include” is now “Acceptable courses in biological sciences should emphasize” and “could include” has been changed to “should include” in definitions of “acceptable courses” in physical sciences and social/behavioral sciences.</li> <li>The changes clarify the intent of the standard.</li> </ul>
<p>Std. III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.</p>	<p><b>Std. IV-B: The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have <u>demonstrated</u> the ability to integrate information pertaining to normal and abnormal human development across the life span.</b></p>	<ul style="list-style-type: none"> <li>The revision reflects the reorganization of the standards.</li> <li>The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>Language has been added regarding the ability to integrate information learned across the life span.</li> </ul>
<p>Std. III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and</p>	<p><b>Std. IV-C: The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the</b></p>	<ul style="list-style-type: none"> <li>The revision reflects the reorganization of standards.</li> <li>The new language refers to what the</li> </ul>

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<p>differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:</p> <ul style="list-style-type: none"> <li>• articulation</li> <li>• fluency</li> <li>• voice and resonance, including respiration and phonation</li> <li>• receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities</li> <li>• hearing, including the impact on speech and language</li> <li>• swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)</li> <li>• cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</li> <li>• social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)</li> <li>• communication modalities (including oral, manual augmentative, and alternative communication techniques and assistive technologies)</li> </ul> <p>Implementation: The applicant must demonstrate the ability to integrate information delineated in this standard.</p>	<p><b>appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:</b></p> <ul style="list-style-type: none"> <li>• articulation</li> <li>• fluency</li> <li>• voice and resonance, including respiration and phonation</li> <li>• receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, <b>prelinguistic communication, and paralinguistic communication</b>) in speaking, listening, reading, and writing</li> <li>• hearing, including the impact on speech and language</li> <li>• swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, <b>orofacial myology</b>)</li> <li>• cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</li> <li>• social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)</li> <li>• augmentative and alternative communication modalities</li> </ul> <p><b>Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance</b></p>	<p>applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</p> <ul style="list-style-type: none"> <li>• The language has been simplified.</li> <li>• The phrase “prelinguistic communication, and paralinguistic communication” has been added to reflect the results of the Practice Analysis and the SLP Scope of Practice.</li> <li>• The term <i>orofacial myofunction</i> has been changed to <i>orofacial myology</i> in response to peer review comments and to reflect current terminology.</li> <li>• “Communication modalities” has been changed to “augmentative and alternative communication modalities” to provide clarification and be more specific regarding the standard’s intent.</li> </ul> <p>Implementation</p> <ul style="list-style-type: none"> <li>• Process/procedural information has been deleted from the standard.</li> <li>• “Graduate level” has been retained in response to peer review comments.</li> </ul>

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<p>Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (Articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).</p>	<p><b>between traditional parameters of communication (Articulation/phonology, voice, fluency language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).</b></p>	
<p>Std. III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.</p>	<p><b>Std. IV-D:</b> For each of the areas specified in Standard VI-C, the applicant <b>must have demonstrated current</b> knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.</p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• “Current” has been added to reflect contemporary knowledge.</li> <li>• For clarification, language has been included to reference the new Standard IV-C.</li> </ul>
<p>Std. III-E: The applicant must demonstrate knowledge of standards of ethical conduct.</p> <p><b>Implementation:</b> The applicant must demonstrate knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation must reflect course work, workshop participation, instructional module, clinical experiences, and independent projects.</p>	<p><b>Std. IV-E:</b> The applicant <b>must have demonstrated</b> knowledge of standards of ethical conduct.</p> <p><b>Implementation:</b> <b>The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.</b></p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• Process/procedural information has been deleted from the implementation language</li> </ul>

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		related to documentation.
<p><b>Std. III-F:</b> The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.</p>	<p><b>Std. IV-F:</b> The applicant must <b>have demonstrated</b> knowledge of processes used in research and <b>of</b> the integration of research principles into evidence-based clinical practice.</p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> </ul>
<p><b>Std. III-G:</b> The applicant must demonstrate knowledge of contemporary professional issues.</p> <p><b>Implementation:</b> The applicant must demonstrate knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.</p>	<p><b>Std. IV-G:</b> The applicant <b>must have demonstrated</b> knowledge of professional contemporary issues.</p> <p><b>Implementation:</b> <b>The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.</b></p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• Implementation language related to documentation has been deleted to be less prescriptive to the program.</li> </ul>
<p><b>Std. III-H:</b> The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.</p> <p><b>Implementation:</b> The applicant must demonstrate knowledge of state and federal regulations and policies related to</p>	<p><b>Std. IV-H:</b> The applicant must <b>have demonstrated</b> knowledge <b>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.</b></p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• The language has been expanded to included</li> </ul>

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<p>the practice of speech-language pathology and credentials for professional practice. Documentation could include course modules and instructional workshops.</p>		<p>specification previously contained in the 2005 Standard III-H implementation language. The revision provides greater clarification of the intent of the new Standard IV-H.</p>
<p>Standard IV: Program of Study-Skills Outcomes</p>	<p><b>Standard V: Skills Outcomes</b></p>	<ul style="list-style-type: none"> <li>The language has been modified to make it consistent with new wording in the 2014 Standard IV.</li> </ul>
<p>Std. IV-A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.</p> <p>Implementation: The applicant’s program of study should follow a systematic knowledge- and skill-building sequence in which basic course work and practicum precede, insofar as possible, more advanced course work and practicum.</p>	<p>.</p>	<ul style="list-style-type: none"> <li>The revision reflects the reorganization of the standards.</li> <li>Language in the 2005 Standard IV-A that refers to the process used by the education program has been deleted. The process is covered by CAA Standards for Accreditation.</li> </ul>
<p>Std. IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.</p> <p>Implementation: The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written</p>	<p><b>Std. V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.</b></p> <p><b>Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.</b></p>	<ul style="list-style-type: none"> <li>The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>Language regarding oral and written communication has been moved from the 2005 Standard IV-B to the 2014 Standard V-A language.</li> </ul>

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<p>communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.</p> <p>Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professionals (ICHP) in order to meet this standard.</p>		
	<p><b>Std. V-B: The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:</b></p> <ol style="list-style-type: none"> <li><b>1. Evaluation</b> <ol style="list-style-type: none"> <li><b>a. Conduct screening and prevention procedures (including prevention activities).</b></li> <li><b>b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.</b></li> <li><b>c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.</b></li> <li><b>d. Adapt evaluation procedures to meet client/patient needs.</b></li> <li><b>e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.</b></li> <li><b>f. Complete administrative and reporting functions necessary to support evaluation.</b></li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• The 2005 Standard IV-G has been moved to the 2014 Standard V-B G.</li> <li>• The new language refers to what the applicant has demonstrated to the program that must verify the acquisition of knowledge and skills.</li> <li>• Implementation language has been expanded to cover credentials of supervisors (CCC) (2005 Standard IV-E), work settings, and patient populations (2005 Standard IV-F).</li> <li>• Implementation language referring to how skills may be developed and demonstrated has been retained to provide clarity that these skills could be developed through a variety of experiences.</li> </ul>



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	<p><b>g. Refer clients/patients for appropriate services.</b></p> <p><b>2. Intervention</b></p> <p><b>a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.</b></p> <p><b>b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).</b></p> <p><b>c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.</b></p> <p><b>d. Measure and evaluate clients'/patients' performance and progress.</b></p> <p><b>e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.</b></p> <p><b>f. Complete administrative and reporting functions necessary to support intervention.</b></p> <p><b>g. Identify and refer clients/patients for services as appropriate.</b></p> <p><b>3. Interaction and Personal Qualities</b></p> <p><b>a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.</b></p> <p><b>b. Collaborate with other professionals in case management.</b></p> <p><b>c. Provide counseling regarding</b></p>	

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	<p>communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.</p> <p>d. Adhere to the ASHA Code of Ethics and behave professionally.</p> <p><b>Implementation:</b>  The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.</p> <p>The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. <i>Supervised clinical experience</i> is defined as clinical services (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.</p> <p>Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-</p>	

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<p>Std. IV-C: The applicant for certification in speech-language must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.</p> <p>Implementation: Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.</p> <p>For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student’s observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.</p> <p>Applicants should be assigned practicum only after</p>	<p><b>Language Pathology to count toward certification.</b></p> <p><b>Std. V-C:</b> The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.</p> <p><b>Implementation:</b> <b>Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student’s observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.</b></p> <p><b>Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client</b></p>	<ul style="list-style-type: none"> <li>• The revision reflects the reorganization of the standards.</li> <li>• 2005 Standard IV-C language has been retained in response to peer review comments.</li> <li>• Implementation language regarding practicum has been retained in response to peer review comments. The new implementation language provides more clarification.</li> </ul>

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<p>they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities of each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services—that is, 30 and 45 minutes respectively, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.</p>	<p>or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and other interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.</p>	
<p>Std. IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.</p> <p>Implementation:</p>	<p>Std. V-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate studies in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.</p> <p>Implementation:</p>	<ul style="list-style-type: none"> <li>• The revision reflects reorganization of standards.</li> <li>• The language has been retained in response to peer review comments.</li> <li>• Implementation language has been edited for clarity.</li> </ul>

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<p>A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.</p>	<p>A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. <b>At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.</b></p>	
<p>Std. IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.</p>	<p><b>Std. V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student’s knowledge, skills and experience, must not be less than 25% of the student’s total contact with each client/patient and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.</b></p> <p><b>Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor’s client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student’s level of knowledge, skills, and experience warrants.</b></p>	<ul style="list-style-type: none"> <li>• The 2005 Standard IV-E has been moved to the 2014 Standard V-E.</li> <li>• The requirement of supervision being provided by an individual holding a current CCC in the appropriate area has been moved to the implementation language of the 2014 Standard V-E.</li> </ul>
<p>Std. IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and</p>	<p><b>Std. V-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and</b></p>	<ul style="list-style-type: none"> <li>• The 2005 Standard IV-F has been moved to the 2014 Standard V-F and retained in response to peer review comments.</li> <li>• The intent of the former standard has been incorporated in implementation language of the 2014 Standard V-F.</li> </ul>

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disabilities.	<p>disabilities.</p> <p><b>Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.</b></p>	
<p><b>Std. IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:</b></p> <p><b>1. Evaluation</b></p> <ul style="list-style-type: none"> <li>a. Conduct screening and prevention procedures (including prevention activities).</li> <li>b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.</li> <li>c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.</li> <li>d. Adapt evaluation procedures to meet client/patient needs.</li> <li>e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.</li> <li>f. Complete administrative and reporting functions necessary to support evaluation.</li> <li>g. Refer clients/patients for appropriate services.</li> </ul> <p><b>2. Intervention</b></p>		<p>The 2005 Standard IV-G has been moved to the 2014 Standard V-B, above.</p>

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
<ul style="list-style-type: none"> <li>a. <b>Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.</b></li> <li>b. <b>Implement intervention plans (involve clients/patients and relevant others in the intervention process).</b></li> <li>c. <b>Select or develop and use appropriate materials and instrumentation for prevention and intervention.</b></li> <li>d. <b>Measure and evaluate clients'/patients' performance and progress.</b></li> <li>e. <b>Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.</b></li> <li>f. <b>Complete administrative and reporting functions necessary to support intervention.</b></li> <li>g. <b>Identify and refer clients/patients for services as appropriate.</b></li> </ul> <p><b>3. Interaction and Personal Qualities</b></p> <ul style="list-style-type: none"> <li>a. <b>Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.</b></li> <li>b. <b>Collaborate with other professionals in case management.</b></li> <li>c. <b>Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.</b></li> </ul>		

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
d. Adhere to the ASHA Code of Ethics and behave professionally.		
<p><b>Std. V: Assessment</b> The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.</p>	<p><b>Std. VI: Assessment</b> The applicant <b>must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.</b></p>	<ul style="list-style-type: none"> <li>• The 2005 Standard V-B (Summative Assessment) has been moved to the 2014 Standard VI (Assessment).</li> <li>• Language for the 2005 Standard V has been removed. See the 2005 Standard V-A, above.</li> </ul>
<p><b>Std. V-A: Formative Assessment</b> The applicant must meet the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.</p>		<ul style="list-style-type: none"> <li>• The 2005 Standard V-A has been removed. Prescriptive language referring to the conduct of the academic program has been removed.</li> </ul>
<p><b>Std. V-B: Summative Assessment</b> The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.</p>		<ul style="list-style-type: none"> <li>• The 2005 Standard V-B has been moved to the 2014 Standard VI. 2014 standards require only the passing of the national examination.</li> </ul>
<p><b>Std. VI: Speech-Language Pathology Clinical Fellowship</b> After completion of academic course work and practicum (Std. IV), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).</p> <p><b>Implementation:</b> The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice. At least 80% of the Clinical Fellow’s major responsibilities during the CF</p>	<p><b>Std. VII: Speech-Language Pathology Clinical Fellowship</b></p> <p>The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).<sup>1</sup></p> <p><b>Implementation:</b> The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.</p>	<ul style="list-style-type: none"> <li>• The 2014 Standard VII simplifies the language used in the 2005 Standard VI.</li> <li>• The timing of the initiation of the CF has been incorporated in the implementation language.</li> </ul>

<sup>1</sup> Clinical Fellows are strongly urged to contact their state regulatory agency/state licensing board to determine licensure requirements for the Clinical Fellowship. State licensing requirements may differ from those for ASHA certification. Failure to comply with state requirements may lead to a fellowship experience that is considered invalid for licensure.



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<p>experience must be in direct clinical contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management process of individuals who exhibit communication difficulties. For example, in a 5-hour work week, at least 4 hours must consist of direct clinical activities; in a 15-hour work week, at least 12 hours must consist of direct clinical activities; in a 35-hour work week, at least 28 hours must consist of direct clinical activities.</p> <p>The SLPCF may not be initiated until completion of the graduate course work and graduate clinical practicum required for ASHA certification. Fellowships that are completed more than 5 years prior to submission of the application for certification are not acceptable.</p> <p>It is the Clinical Fellow’s responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology to provide the requisite on-site and other monitoring activities mandated during the SLPCF experience. Before beginning the SLPCF, the Clinical Fellow must contact the ASHA National Office to verify the mentoring SLP’s certification status. The mentoring SLP must hold ASHA certification throughout the SLPCF period. Should the certification status of the mentoring SLP change during the experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is, therefore, incumbent on the</p>		

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<p>Fellow to verify the mentoring SLP’s status not only at the beginning of the experience but also at the beginning of each new year.</p>		
<p><b>Std. VI-A:</b> The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Fellowship (SLPCF), based on the Clinical Fellow’s academic experiences, setting-specific requirements, and professional interests/goals.</p> <p><b>Implementation:</b> The Clinical fellow and mentoring SLP will determine outcomes and performance levels in a goal-setting conference within four weeks of initiating the SLPCF. It is the Clinical Fellow’s and the mentoring SLP’s responsibility to each retain documentation of agreed-upon outcomes and performance levels. The mentoring SLP’s guidance should be adequate throughout the SLPCF to permit the CF to achieve the stated outcomes, and to ensure that the Clinical Fellow can function independently by the completion of the SLPCF. At the conclusion of the experience, the Clinical Fellow will submit the Clinical Fellowship Report and Rating Form to the Council For Clinical Certification (CFCC). Prior to submitting documentation to the CFCC, the Clinical Fellow and mentoring SLP should make copies of all forms for their files.</p>	<p><b>Std. VII-A: Clinical Fellowship Experience</b></p> <p><b>The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA’s current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.</b></p> <p><b>Implementation:</b> <b>No less than 80% of the Fellow’s major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process of individuals who exhibit communication and/or swallowing disabilities.</b></p> <p><b>Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.</b></p>	<ul style="list-style-type: none"> <li>▪ <b>The 2014 Standard VII-A describes the activities and intent, as well as the duration, of the CF.</b></li> </ul>

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
<p>Std. VI-B: The Clinical Fellow and mentoring SLP must engage in periodic assessment of the Clinical Fellow’s performance, evaluating the Clinical Fellow’s progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.</p> <p>Implementation: Assessment of performance may be both formal and informal means. The Clinical Fellow and mentoring SLP should keep a written record of assessment processes and recommendations. One means of assessment might be the Clinical Fellowship Report and Rating Form.</p> <p>The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the clinical fellow’s work site (1 hour = 1 on-site observation; a maximum of 6 on-site observations may be accrued in one day). At least 6 on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the clinical fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation.</p> <p>Additionally, supervision must also include 18 other</p>	<p><b>Std. VII-B: Clinical Fellowship Mentoring</b></p> <p><b>The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.</b></p> <p><b>Implementation:</b> <b>Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow’s progress during the CF experience.</b></p>	<ul style="list-style-type: none"> <li>▪ The 2014 Standard VII-B describes the role of the CF mentor.</li> <li>▪ Process language has been removed. The 2005 standard described the application process, which will be incorporated in the application materials.</li> <li>▪ Language related to alternative methods of supervision has been removed. The 2005 standard described the application process, which will be incorporated in application materials.</li> </ul>

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
<p>monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.</p> <p><i>On very rare occasions</i> the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC <i>before</i> the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.</p>		
<p>Std. VI-C: The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.</p> <p>Implementation: Full-time clinical practice is defined as a minimum of 35 hours per week in direct client/patient contact, consultations, recordkeeping, and administrative duties relevant to a bona fide program of clinical work. The Clinical Fellowship experience must total no less than 1,260 hours, accumulated within 48 months of the beginning</p>	<p><b>Std. VII-C: Clinical Fellowship Outcomes</b></p> <p><b>The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.</b></p> <p><b>Implementation:</b> <b>At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to</b></p> <ul style="list-style-type: none"> <li>▪ <b>integrate and apply theoretical knowledge,</b></li> <li>▪ <b>evaluation his or her strengths and identify his</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ The 2014 Standard VII-C provides outcomes for the CF experience.</li> <li>▪ The 36 weeks requirement has been moved to the 2014 Standard VII-A.</li> <li>▪ The 2005 standard described the application process, which will be incorporated in application materials.</li> </ul>

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<p>date of the experience.</p> <p>Professional experience of less than 5 hours per week does not meet the requirement and may not be counted toward the SLPCF. Similarly, experience of more than 35 hours per week cannot be used to shorten the SLPCF to less than 36 weeks. <i>NOTE: Clinical Fellows are strongly urged to contact their state regulatory agency/state licensing board to determine licensure requirements for the Clinical Fellowship. State licensure requirements may differ from those for ASHA certification. Failure to comply with state requirements may lead to fellowship experience that is considered invalid for licensure.</i></p> <p>Once initiated, the Clinical Fellowship experience must be completed within 4 years (48 months). Clinical Fellows working less than full-time should be aware that they will need to extend their experience for a longer period of time to meet the CF requirement of 1,260 hours. If the CF is not completed within 48 months of initiation, the Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of reapplication.</p>	<p>or her limitations,</p> <ul style="list-style-type: none"> <li>▪ refine clinical skills within the Scope of Practice in Speech-Language Pathology,</li> <li>▪ apply the ASHA Code of Ethics to independent professional practice.</li> </ul> <p>In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently, and to seek guidance as necessary.</p>	
<p>Std. VI-D: The Clinical Fellow must submit evidence of successful completion of the Speech-Language Pathology Clinical Fellowship (SLPCF) to the Council For Clinical Certification.</p>		<ul style="list-style-type: none"> <li>▪ The 2005 Standard VI-D has been deleted. The old standard described the application process, which will be incorporated in application materials.</li> </ul>
<p>Std. VII: Maintenance of Certification</p> <p>Demonstration of continued professional development is mandated for maintenance of the</p>	<p><b>Std. VIII: Maintenance of Certification</b></p> <p><b>Certificate holders must demonstrate continued professional development for maintenance of the</b></p>	<ul style="list-style-type: none"> <li>▪ The 2014 Standard VIII states the requirement of maintenance.</li> <li>▪ Process language in the 2005 Standard VII has been moved to the implementation language</li> </ul>

2005 Standard Language	2014 Standard Language—Revisions After Peer Review	Description/Rationale for Change
<p>Certificate of Clinical Competence in Speech-Language Pathology. The renewal period will be 3 years. This standard will apply to all certificate holders, regardless of the date of initial certification.</p> <p><b>Implementation:</b> Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. Individuals will be subject to a random review of their professional development activities.</p> <p>If renewal of certification is not accomplished within the 3-year period, certification will lapse. Reinstatement of certification will be required, and certification standards in effect at the time of submission of the reinstatement application must be met.</p> <p>In preparation, accrual, and submission of the professional development activities during the certification maintenance interval, all activities must be guided by adherence to the ASHA Code of Ethics.</p> <p>Continued professional development may be demonstrated through one or more of the following options:</p> <ul style="list-style-type: none"> <li>▪ Accumulation of 3 Continuing Education Units (CEUs) (30 contact hours) from continuing education providers approved by ASHA. ASHA</li> </ul>	<p><b>Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).</b></p> <p><b>Implementation:</b> <b>Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.</b></p> <p><b>Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.</b></p>	<p>of the 2014 Standard VIII.</p> <ul style="list-style-type: none"> <li>▪ The renewal language has been moved to the implementation language of 2014 Standard VIII.</li> <li>▪ Implementation language has been revised to remove process language and to provide clarity and reflect the intent of the standard.</li> </ul>

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<p>CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals).</p> <ul style="list-style-type: none"> <li>▪ Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET).</li> <li>▪ Accumulation of 2 semester credit hours (3 quarter-hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority.</li> <li>▪ Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.</li> </ul> <p>The ASHA Certification Standards define professional development as an instructional activity</p> <ul style="list-style-type: none"> <li>▪ where the certificate holder is the learner;</li> <li>▪ that is related to the science or contemporary practice of speech-language pathology, audiology, and/or the speech/language/hearing sciences;</li> <li>▪ that results in the acquisition of new knowledge and skills or the enhancement of current knowledge and skills necessary for independent practice in any practice setting and area of practice;</li> </ul>		

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<ul style="list-style-type: none"> <li>▪ where the certificate holder is responsible for determining that the professional development activity is appropriate, relevant, and meaningful to any practice setting and area of practice;</li> <li>▪ in which the certificate holder’s attendance can be documented by a third party such as an employer, educational institution, or sponsoring organization.</li> </ul> <table border="1" data-bbox="170 488 682 1343"> <tr> <td data-bbox="170 488 348 634">If you were initially certified (or reinstated)</td> <td data-bbox="348 488 682 634">You’ll need 30 hours of professional development between:</td> </tr> <tr> <td data-bbox="170 634 348 849">After January 1, 2005</td> <td data-bbox="348 634 682 849">January 1 (of the year following your certification effective date) and December 31 (3 years from that date)</td> </tr> <tr> <td data-bbox="170 849 348 1343"> <p>Example:</p> <p>Certified anytime in 2009</p> <p>Certified anytime in 2010</p> </td> <td data-bbox="348 849 682 1343"> <p>Example:</p> <p>First maintenance interval will be between January 1, 2010, and December 31, 2012. Next interval begins January 1, 2014.*</p> <p>First maintenance interval will be between January 1, 2011, and December 31, 2014. Next interval begins</p> </td> </tr> </table>	If you were initially certified (or reinstated)	You’ll need 30 hours of professional development between:	After January 1, 2005	January 1 (of the year following your certification effective date) and December 31 (3 years from that date)	<p>Example:</p> <p>Certified anytime in 2009</p> <p>Certified anytime in 2010</p>	<p>Example:</p> <p>First maintenance interval will be between January 1, 2010, and December 31, 2012. Next interval begins January 1, 2014.*</p> <p>First maintenance interval will be between January 1, 2011, and December 31, 2014. Next interval begins</p>		
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<div data-bbox="170 168 680 207" style="border: 1px solid black; padding: 2px; display: inline-block;">January 1, 2014.*</div> <p>*Certification maintenance is an ongoing process; once you successfully complete your current maintenance interval, another will be assigned for you in which you'll repeat the same certification maintenance requirements, until, for example, you retire and become inactive or no longer desire to remain certified. Your next maintenance interval is determined by several key factors: 1) timely completion of your professional development hours, 2) timely completion of your certification maintenance form, 3) keeping current on your dues every year, and 4) the possibility that you may request a one-time change of your maintenance interval (causing your next interval to begin sooner than previously scheduled).</p>		