



## APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY 2005 STANDARDS

### Instructions

1. Applicants applying within three years of graduation from a CAA-accredited program need to complete and submit the following:
  - The 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 with the ASHA logo from the application** (blank or altered copies will not be accepted). **All four pages must be submitted together**; partial applications will delay processing.
  - An official graduate transcript which verifies the date and degree awarded.
  - Full payment in the form of a check or charge authorization. Charges accepted are Visa, MasterCard, or Discover.

Applicants applying more than three years after graduation from a CAA-accredited program need to complete and submit the following:

- The 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 with the ASHA logo from the application** (blank or altered copies will not be accepted). **All four pages must be submitted together**; partial applications will delay processing.
  - Official graduate and undergraduate transcripts showing all course work completed for certification and the dates and degrees awarded.
  - Full payment in the form of a check or charge authorization. Charges accepted are Visa, MasterCard, or Discover.
2. Please complete the application form in black ink.
  3. Applications must bear the original signatures of both the applicant and the director of the graduate academic program. Applications without original signatures are considered as incomplete and will delay the award 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. All applications and payments must be sent to the PO Box address as listed on the top of the application form.

**Application processing time is approximately 4 to 6 weeks from the date  
all required materials are received.**



**APPLICATION FOR CERTIFICATION AND MEMBERSHIP  
2005 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 Name: \_\_\_\_\_  
Mrs \_\_\_\_\_  
Mr First Middle Previous Last  
Miss \_\_\_\_\_  
Dr Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Social Security Number: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax number: \_\_\_\_\_

**(2) Application Category**

I am applying for (Please [√] the appropriate category):  
 Membership and Certification in Speech-Language Pathology  
 Certification in Speech-Language Pathology (without Membership)

My present affiliation with ASHA is (Please [√] the appropriate category):  
 None  ASHA Member only  
 NSSLHA Member (NSSLHA Account Number \_\_\_\_\_)  
 ASHA Certified Member in Audiology  ASHA Certificate Holder in Audiology

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

**(3) Education** – Official transcripts must be submitted by all applicants.

Institution Code (See appendix)	Education Began		Education Completed		Institution Name	Major	Date Degree Awarded	Degree
	Mo	Yr	Mo	Yr				
Ex. R0291	08	2009	05	2012	University, USA	SLP	06/12/2012	MS



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 ETS are accepted for certification.*

**(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. 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. Please use a separate piece of paper if necessary.

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**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, a certificate 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.

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**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, a certificate demonstrating that the indictment(s) or charge(s) have been dismissed or otherwise resolved.*



Name of Applicant: \_\_\_\_\_  
(Please print)

3. Have you ever been 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?

Check one     Yes         No

If 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. Please submit a certified copy of documentation from the professional agency(s) that includes the discipline or sanctions imposed and demonstrates, if applicable, remediation. Please use a separate piece of paper if necessary.

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***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, a certificate 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: \_\_\_\_\_



Name of Applicant: \_\_\_\_\_  
(Please print)

**2005 Standards for Clinical Certification in Speech-Language Pathology  
Verification by Program Director**

Please respond to each question. The applicant must have met each standard in order to apply for certification.

- Yes  No Has a master's or doctoral degree. A minimum of 75 semester credit hours were completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology. (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. I)
- Yes  No Completed a course 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 knowledge and skills outcomes. (Std. III)
- Yes  No Has demonstrated knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavior sciences. (Std. III. A.)
- Yes  No Has demonstrated knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. (Std. III. B.)
- Yes  No Has demonstrated knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological. Acoustic, psychological, developments, and linguistic and cultural correlates in the nine areas noted in the standard. (Std. III. C.)
- Yes  No Possesses knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders. (Std. III. D.)
- Yes  No Has demonstrated knowledge of the standards of ethical conduct. (Std. III. E.)
- Yes  No Has knowledge of processes used in research and the integration of research principles into evidence-based clinical practice. (Std. III. F.)
- Yes  No Has demonstrated knowledge of contemporary professional issues. (Std. III. G.)
- Yes  No Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials. (Std. III. H.)
- Yes  No Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G. (Std. IV. A.)
- Yes  No Possesses skills in oral and written and other forms of communication sufficient for entry into professional practice. (Std. IV. 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. IV. C.)
- Yes  No Has completed at least 325 clock hours while engaged in graduate study. (Std. IV. D.)
- Yes  No Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence, and was sufficient to ensure the welfare of the client/patient populations. (Std. IV. E.)
- Yes  No Has gained knowledge and experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span. (Std. IV. F.)
- Yes  No The applicant has met the academic program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills. (Std. V. A.)

The program director or designee verifies that the student met each standard and has successfully met the academic program's requirements.

Name of Program Director \_\_\_\_\_ Title \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date coursework and clinical practicum requirements for ASHA certification were completed \_\_\_\_\_