



APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN AUDIOLOGY (CCC-A) – 2012 STANDARDS

Instructions

- Submit a complete application for the CCC-A, which includes:
 - **Four-page application form:** Pages 1–3 must be completed and signed by the applicant. Submission of partial applications will delay processing.
 - **Disclosure questions/affidavits:** Answer all three disclosure questions and include explanations for any questions to which you answered “yes,” then sign and date the affidavit section. By checking yes, you understand that you will be required to submit certified documentation that has been certified *no earlier than 6 months* from the date all application materials are received by the National Office. After the receipt of all application materials, you will receive a request for certified documentation. ASHA must receive this required certification documentation within 60 days of the date of the request.
<http://www.asha.org/Certification/Certification-Standards-for-Aud--Certification-Disclosure/>
 - **Verification by program director:** Verification, on page 4, must be completed and signed/dated by the program director and must include the date that course work and clinical practicum requirements for ASHA certification were completed.
 - **Official graduate transcript or letter from the registrar:** Your institution’s registrar must verify the degree awarded and date awarded or a transcript may be submitted. The transcript must be original, but does not need to arrive directly from the institution. Applicants for the CCC-A must have: 1) a doctoral degree, and 2) a graduate degree from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).
 - **Full payment for initial application fee:** Use the charge authorization on page 5 (Visa, MasterCard, or Discover are accepted) or submit a personal check made payable to *ASHA*.
- Submit a **passing score from the Praxis exam in Audiology** received by ASHA directly from the Educational Testing Service (ETS). ASHA must be designated as a score recipient. The exam must be passed and reported to ASHA no later than 2 years after the date the application is received at the ASHA National Office. Exam scores older than 5 years at the time the application is received at the National Office will not be accepted.
- Make and retain copies of all documents prior to submitting them to the ASHA National Office. Copies of documents are not available once certification has been awarded.
- Carefully review the application and required documents prior to submission to be certain that all sections have been completed. Incomplete applications will require additional time for review.
- Mail this application, along with full payment and accompanying documents, to:

American Speech-Language-Hearing Association
P.O. Box 1160, #313
Rockville, MD 20849

Please allow approximately 6 weeks for the initial review once your application materials and payment have been received at the ASHA National Office. Each time that you submit additional documents after the initial review (due to corrections or incomplete or missing documents), additional review time will be required. Certification will be awarded only after ASHA’s Certification Department has verified that all requirements of the standards, including the earning of a doctoral degree, have been met.

Visit <http://www.asha.org/certification/AudCertification/> for further application information.



APPLICATION FOR CERTIFICATION AND MEMBERSHIP 2012 AUDIOLOGY 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: _____ 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 Audiology (CCC-A) and ASHA Membership
- CCC-A (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 Speech-Language Pathology (CCC-SLP) and ASHA Membership
- CCC-SLP (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 membership Yes No

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

Institution Code (See appendix)	Education Began		Education Completed		Institution Name	Major	Date Degree Awarded	Degree
	Mo	Yr	Mo	Yr				
Ex. R0291	08	2013	05	2016	University, USA	Audiology	06/12/2016	AuD



Name of Applicant: _____

(Please print)

(4) Examination Information

I have taken and passed the Praxis Series examination in audiology 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

By checking "yes" to any of the 3 disclosure questions below, you understand that you will be required to submit certified documentation that has been certified no earlier than 6 months from the date all application materials are received by the National Office. After receipt of all application materials, you will receive a request for certified documentation. ASHA must receive this required certified documentation within 60 days of the request.

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.

- When requested, 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, when requested, 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.



Name of Applicant: _____

(Please print)

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.

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.
- When requested, 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 understand that if I apply for certification and membership and I am not awarded certification for any reason, my membership with ASHA will be cancelled immediately.
- D. 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)

**2012 Standards for Clinical Certification in Audiology
Verification by Program Director**

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

- Yes No Completed a course of study that addresses the knowledge and skills necessary to independently practice in the profession of audiology. (Std. I)
- Yes No Been granted a doctoral degree from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. II)
- Yes No Completed a course of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. Supervision was provided by individuals who held the ASHA Certificate of Clinical Competence (CCC) in Audiology. (Std. III)
- Yes No Knowledge delineated in Foundations of Practice (Std. IV. A1-A21)
- Yes No Knowledge and skills delineated in Foundations of Practice (Std. IV. A22-29)
- Yes No Knowledge and skills delineated in Prevention and Identification (Std. IV. B1-B6)
- Yes No Knowledge delineated in Assessment (Std. IV. C1)
- Yes No Knowledge and skills delineated in Assessment (Std. IV. C2-C11)
- Yes No Knowledge and skills delineated in Intervention (Treatment) (Std. IV. D1-D7)
- Yes No Knowledge and skills delineated in Advocacy/Consultation (Std. IV. E1-E3)
- Yes No Knowledge and skills delineated in Education/Research/Administration (Std. IV. F1-F6)
- Yes No Met the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills. (Std. V-A)

***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 ____/____/____



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 Audiology](#) 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