



APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN AUDIOLOGY – 2012 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 the doctoral degree awarded or a letter from the registrar verifying that all degree requirements have been met.
 - 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
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: _____
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 Audiology
- Certification in Audiology (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 Speech ASHA Certificate Holder in Speech

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, or a letter from the registrar verifying the graduate degree, 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	Audiology	06/12/2012	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 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.

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.

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.

***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)

**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 apply for certification.

The applicant has:

- 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)

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

Name of Program Director _____ Title _____
(Please print)

Signature _____ Date _____

Date coursework and clinical practicum requirements for ASHA certification were completed _____