



CERTIFICATE OF CLINICAL COMPETENCE RETIRED AFFIDAVIT

Print, complete, and submit this form to ASHA by any method listed at the bottom of this page.

ASHA ID: _____ ASHA Certificate Type: CCC-A CCC-SLP

Name: _____ Previous Name(s) Used: _____

Address: _____
Street City State Zip

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Retired certification is available to certificate holders who are in good standing, have retired from practice, and have held ASHA certification for at least 25 total years **OR** are 65 years of age or older. Retired certification status allows you to remain affiliated with ASHA and still append the CCC-A (Retired) and/or CCC-SLP (Retired) designation to your name. If approved, you will no longer be required to meet the certification maintenance professional development requirements.

Please note: Retiring your certification alone does not result in a reduction in annual dues/fees; only certified members who also qualify for [Life Membership](#) at the time they retire their certification are eligible for a reduction in their annual dues/fees. If you retire your certification and are not yet eligible for Life Membership, you will continue to pay the same rate for your annual dues/fees.

Please verify your eligibility below—you must be **able to answer “yes” to one of these statements:**

- I am 65 years of age or older*. Yes No
- I have held the Certificate of Clinical Competence for at least 25 total years. Yes No

If your ASHA account does not contain your date of birth, you may **be contacted to provide a copy of your driver’s license, birth certificate, or other document bearing your date of birth. If you are already a Life Member, you will not be asked to provide any further documentation.*

If you wish to discontinue your membership and certification, you must complete and submit the [CCC Resigned Affidavit](#) – please be aware that doing so will cause a break in consecutive years of ASHA membership and make you ineligible for Life Membership.

Please fax your completed Retired Affidavit to ASHA Certification (301) 296-8569.

You may also e-mail a PDF copy to CCCMaintenance@asha.org or mail to:

ASHA • 2200 Research Blvd. #313 • Rockville, MD 20850



I wish to retire my Certificate of Clinical Competence (CCC), change my certification status to CCC-A (Retired) or CCC-SLP (Retired), and continue my affiliation with ASHA. My signature below provides the assurance that I understand that I am changing my certification status, and have read and agree to abide by all of the following requirements:

1. The retirement of my CCC-A or CCC-SLP has changed my certification status to CCC-A (Retired) or CCC-SLP (Retired). This change may impact my current membership status and options for continued affiliation as a valued ASHA member.
2. I am retired from clinical practice. *Clinical practice* is defined as providing or supervising the provision of clinical services.
3. I do not and will not mentor or supervise a Clinical Fellow.
4. I do not and will not provide or supervise clinical services. *Clinical services* are defined as evaluation and treatment of persons with speech-language and/or hearing impairments, whether such services are provided in elementary or secondary schools, in private practice, or in free-standing community clinics, rehabilitation centers, hospitals, nursing homes, or other facilities.
5. I will continue to abide by the current Code of Ethics of the American Speech-Language-Hearing Association.
6. My CCC-A (Retired) or CCC-SLP (Retired) status may be made available to the public.
7. The CCC-A (Retired) or CCC-SLP (Retired) status no longer requires that I meet certification maintenance professional development requirements; however, my CCC-A (Retired) or CCC-SLP (Retired) status is contingent upon payment of annual membership dues and fees upon receipt of the annual invoice.
8. I will cease using the designation CCC-A or CCC-SLP and will instead use the designation CCC-A (Retired) or CCC-SLP (Retired) upon approval of my retirement status.
9. If I decide I want to hold the CCC again, I must go through the certification reinstatement process. My application will then be subject to reinstatement procedures current at that time, which may include completing professional development hours and retaking the national Praxis exam.

I affirm that the information provided in this affidavit is accurate.

Signature _____ Date _____

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