



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

**APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE  
IN SPEECH-LANGUAGE PATHOLOGY  
FOR APPLICANTS APPLYING THROUGH THE MUTUAL RECOGNITION AGREEMENT**

**INSTRUCTIONS**

1. Applicants are encouraged to read the Mutual Recognition Agreement prior to completing and submitting an application for ASHA certification, which can be found at <http://www.asha.org/certification/MultilateralMRA>.
2. Individuals who hold current membership and clinical certification in speech-language pathology from the **Canadian Association of Speech-Language-Hearing Pathologists and Audiologists (CASLPA)**, who hold current certified membership from the **Royal College of Speech and Language Therapists (RCSLT)** or the **Speech Pathology Association of Australia Limited**, or who are full members of the **Irish Association of Speech and Language Therapists (IASLT)** or the **New Zealand Speech-Language Therapists' Association (NZSTA)** are eligible to apply for ASHA membership and certification with the form that follows.
3. Please complete the application in black ink.
4. Applications must bear the original signature of the applicant; applications without original signatures will be considered as incomplete and will be returned to the applicant.
5. All applicants must request that their home association issue a letter to ASHA affirming their current certification or full membership with the home association. This letter must have been issued no more than one year prior to submission to ASHA.
6. All applications must be accompanied by the appropriate payment as noted on the fee schedule, which can be found at <http://www.asha.org/certification/MultilateralMRA>.
7. 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.

**Note: Applications without an accompanying payment cannot be processed and will be returned to the applicant.**

**Letters of Good Standing:** The applicant must contact their home association to have a formal letter affirming current certification sent on Association letterhead directly to ASHA.

**Examination Requirement:** Applicants from IASLT, NZSTA, RCSLT, and Speech Pathology Australia must take and pass the ASHA-approved national certification exam and have their score reported to the ASHA National Office by the testing agency.

**Postgraduate professional clinical experience:** Applicants from CASLPA who have *less than one year* (1,260 hours) of postgraduate professional experience must complete a Clinical Fellowship experience supervised by either an ASHA certificate holder or a certified member of CASLPA. During this clinical experience, these applicants will need to demonstrate successful achievement of the skills identified in the current Clinical Fellowship Skills Inventory instrument. Applicants with *at least one year* of postgraduate professional experience completed within 5 years of submitting their application to ASHA must complete and submit the Verification of Postgraduate Professional Clinical Experience form.

**Once all materials have been received and all requirements have been met, the applicant will be sent notice of their certification. Processing time is approximately 4 to 6 weeks from receipt by the ASHA National Office of all required materials.**



## APPLICATION FOR CERTIFICATION/MEMBERSHIP FOR SPEECH-LANGUAGE PATHOLOGY APPLICANTS UNDER THE MUTUAL RECOGNITION AGREEMENT

Please read all application procedures before completing this form. Applicants must complete **ALL** sections of this form.

### BACKGROUND INFORMATION (Sections 1–6)

#### (1) Personal Information

Ms  
Miss  
Mrs  
Mr  
Dr

Name \_\_\_\_\_  
First Middle Previous/Maiden Last

Mailing Address \_\_\_\_\_  
Street

City Country Postal Code

Phone Number (Home) \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

#### (2) Application Category

I am applying for ASHA:

\_\_\_\_ Certification and Membership in Speech-Language Pathology  
\_\_\_\_ Certification in Speech-Language Pathology without membership

I am currently:

a clinically certified member of CASLPA Yes \_\_\_\_\_ No \_\_\_\_\_  
a certified member of RCSLT Yes \_\_\_\_\_ No \_\_\_\_\_  
a full member of IASLT Yes \_\_\_\_\_ No \_\_\_\_\_  
a full member of NZSTA Yes \_\_\_\_\_ No \_\_\_\_\_  
a certified member of Speech Pathology Australia Yes \_\_\_\_\_ No \_\_\_\_\_

#### (3) Education

Please list degree information relevant to speech-language pathology, providing the name of the conferring university, the country in which the university was located, the degree earned, and the date the degree was conferred.

University \_\_\_\_\_ Country \_\_\_\_\_  
Degree earned \_\_\_\_\_ Date degree conferred \_\_\_\_\_

#### (4) Professional Experience

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Briefly describe your duties  
\_\_\_\_\_  
\_\_\_\_\_

**(5) Exam Information**

I have taken and passed the Praxis exam series in speech-language pathology, and have listed ASHA as a score recipient. *Only scores received directly from ETS are accepted for certification.*

Yes \_\_\_\_\_ No \_\_\_\_\_

I am a CASLPA certified member and I am exempt from taking the Praxis exam.

**(6) Disclosure Information**

A. Have you ever been convicted of (1) a misdemeanor involving dishonesty, physical harm to the person or property of another, a threat of physical harm to the person or property of another, or (2) of any felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain fully, including nature of the offense, date of the offense, age of time of conviction, whether incarcerated, if fine or punishment was imposed, rehabilitation, and any other relevant factors that you would like ASHA to consider. Please use a separate piece of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings pending against you before any professional association, professional licensing authority or board, or other professional regulatory body?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain fully. Please use a separate piece of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: A criminal conviction or a disciplinary action or sanction will not automatically preclude certification and/or membership. ASHA will consider all relevant factors.**

**CONSENT AND AFFIDAVIT (Sections 7–8)**

**(7) Consent**

I consent to \_\_\_\_\_ sharing with ASHA all information regarding any pending charges, convictions, and/or disciplinary actions against me, including any that may arise subsequent to this application.  
*Name of Home Association*

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

**(8) Affidavit**

- A. I affirm that the information provided on this application is current and accurate to the best of my knowledge.
- 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 ASHA certification and I understand that, once certified, my certification status may be made available to the public.
- D. I agree that the results of my application may be shared with the other signatory associations for research purposes and no identifying information will be included.

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