



**Print, complete, and mail this form to ASHA at the address listed below.**

This is a new address

ASHA ID: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name(s) Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I am on active military duty (a copy of my orders is attached)**

**My signature below provides the assurance that I have read and agree to abide by all of the following requirements:**

1. I affirm that the information provided on this affidavit is accurate.
2. I affirm that, during the time of my inactive certification status, I 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.
3. I affirm that I abide by the Code of Ethics of the American Speech-Language-Hearing Association.
4. I affirm that I understand my CCC Inactive status may be made available to the public.
5. I affirm that I understand that the CCC Inactive status of active military duty waives the requirement to pay annual certification fees during the time I am on the Inactive status.
6. I affirm that I will cease using the designation CCC-A and/or CCC-SLP and will instead use the designation CCC-A Inactive and/or CCC-SLP Inactive.

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