



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: _____

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.

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 I am retired from clinical practice.
3. I affirm that I do not and will not provide or supervise clinical services, which 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.
4. I affirm that I abide by the Code of Ethics of the American Speech-Language-Hearing Association.
5. I affirm that I am 65 years of age or older.
6. I affirm that I have held the Certificate of Clinical Competence for 25 consecutive years.
7. I affirm that I understand my CCC (Retired) status may be made available to the public.
8. I affirm that I understand that the CCC (Retired) status is also contingent upon payment of annual certification fees, if any, upon my receipt of the annual invoice.
9. I affirm that I will cease using the designation CCC-A and/or CCC-SLP and will instead use the designation CCC-A (Retired) and/or CCC-SLP (Retired).

Signature _____ Date _____

April 2009