

APPENDIX I

Council for Clinical Specialty Recognition Application for Recognition of a Specialty Area

The _____
(Name of Petitioning Group)

hereby applies to the Council for Clinical Specialty Recognition (CCSR) of the American Speech-Language-Hearing Association (ASHA) for recognition as an Area of Specialization in:

(Area of Specialization)

It is understood that the Application for Recognition as a Specialty Area will be conducted in accordance with the procedures set forth in the most recent CCSR Procedures Handbook, and as summarized in the Application Packet. The Petitioning Group agrees to cooperate with the CCSR in the evaluation process, including submission of documentation that the Area Standards have been met by the Petitioning Group. It is further understood that upon receipt of the Stage I portion of the application and the accompanying documentation, the CCSR will publish an announcement of the intent of the Petitioning Group to apply for recognition in a particular Area of Specialization. The CCSR reserves the right to obtain independent verification that the Specialty Area is unique and does not critically overlap the scope of practice of another specialty area, and that the Petitioning Group is composed of specialists practicing in the Area of Specialization.

The Petitioning Group agrees to hold ASHA, its members, officers, agents, and board members, free from any damage or claim for damage or complaint by reason of any action they or any of them may take in connection with this application, or the failure of said Board to issue approval for the creation of a specialty area. Further, the Petitioning Group agrees to pay all fees for Application for Recognition of a Specialty Area.

The Petitioning Group states that all information in the documents to follow is true and complete.

The administrative policies of the Specialty Recognition Program comply with the laws, regulations, and executive orders with respect to equitable treatment of staff and clients without regard to gender, sexual orientation, age, race, creed, national origin, or handicapping condition.

Identifying Information

Petitioning Group: _____

Address: _____

Telephone Number: _____ FAX: _____

E-mail: _____

Contact Person: _____ Title: _____

E-mail: _____

Alternate Contact Person _____ Telephone Number: _____

E-mail _____

- Application Stage**
- Stage I
 - Stage II
 - Establishment of a Board

Please attach this face page to the front of the completed application.

Date: _____