ASHA American Speech-Language-Hearing Association

RETURN TO ACTIVE CERTIFICATION FORM

Instructions

- Print, complete, and sign this form if you wish to regain Active certification status.
- Submit evidence of 10 professional development hours (PDHs) that (1) were completed no more than
 12 months prior to the submission of this form, and (2) that are within the Scope of Practice in
 Audiology or Speech-Language Pathology. List your professional development activities on the second
 page. Individuals on Inactive status for active military duty are exempt from the professional
 development submission requirement.
- Submit your form(s) by one of the following methods:

*E-mail: cccmaintenance@asha.org *Mail: ASHA

2200 Research Blvd. #313 Rockville, MD 20850

Please provide current, accurate information:

ASHA ID: ______ CCC-A CCC-SLP Dual

Name: ______ Previous Name(s) Used: ______

Address: ______ Street City State Zip

Phone: _____ E-mail: _____

My signature below provides the assurance that I understand I am changing my certification status to Active, and that I have read and agree to the following statements:

- 1. The information provided on this form is accurate.
- 2. I have completed the 10 PDHs required for me to regain Active certification status.
- 3. I will continue to abide by the Code of Ethics of the American Speech-Language Hearing Association.
- 4. My certification status may be made available to the public.
- 5. I will be assigned a 3-year Certification Maintenance Interval once I regain Active certification status.
- 6. I must resume paying annual certification fees once I regain Active certification status.
- 7. My CCC-A or CCC-SLP Active status is contingent upon my payment of annual certification fees upon receipt of the annual invoice, my abiding by the ASHA Code of Ethics, and my compliance with all certification standards, including certification maintenance.

| Signature | Date | |
|-----------|------|--|
| 0.8 | | |

Please list each of your professional development activities on a separate line—the total should equal 10 PDHs. You do not need to provide certificates of completion or any other documentation with this form.

Activities completed more than 12 months prior to submission of this form cannot be used.

| Title of Activity | Completion Date | Sponsoring Organization/Third Party | Number of PDHs |
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