



**Complete and return to ASHA by mail or e-mail as listed below.**

ASHA ID: \_\_\_\_\_ ASHA Certificate Type:  CCC-A  CCC-SLP

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Resigned certification status allows you to remain affiliated with ASHA by maintaining or initiating ASHA membership. Please indicate your choice regarding ongoing affiliation below and we will update your status in our records.

**I wish to resign my Certificate of Clinical Competence (CCC) and**

*(select one option)*

- continue my affiliation with ASHA as a *Member Without Certification*. There will be no break in my consecutive years of membership.
- join ASHA as a *Member Without Certification*.
- discontinue my membership, which will cause a break in consecutive years of ASHA membership, making me ineligible for Life Member status.
- change my status to *not certified*; *I do not wish to join ASHA as a Member Without Certification*.

**My signature below provides the assurance that I understand that I am changing my certification status and have read and agree to abide by all of the following requirements:**

1. The resignation of my CCC-SLP and/or CCC-A certification, which will change my certification status to *not certified*, will be made available to the public.
2. I will cease using CCC-A and/or CCC-SLP upon confirmation of my *not certified* status.
3. If I want to become certified again, I will need to go through the certification reinstatement process and my application will be subject to reinstatement procedures in effect at the time of the request, which may include completing professional development hours and retaking the national Praxis exam.

**Individuals choosing to continue as, or become, a *Member Without Certification* must read and agree to the following statements and continue abiding by the ASHA Code of Ethics.**

1. I am not practicing clinically where an active CCC is required.
2. I do not and will not mentor or supervise a Clinical Fellow.
3. I do not and will not provide or supervise clinical services.
4. I will pay annual membership fees upon receipt of the annual invoice.

**I affirm that the information provided on this affidavit is accurate.**

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