CERTIFICATE OF CLINICAL COMPETENCE
MILITARY SPOUSE
INACTIVE AFFIDAVIT

Instructions
Print, complete, and submit this form by one of the following:

*E-Mail: cccmaintenance@asha.org

*Mail: ASHA
2200 Research Blvd. #313
Rockville, MD 20850

Please provide current, accurate information:

ASHA ID: _____ Check here if this is a new address

Name: _____ Previous Name(s) Used: _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

My spouse is on active military duty (a copy of her/his orders is attached). I understand that I cannot be on Inactive certification status for more than 4 years. If my Inactive status exceeds 4 years, I understand my certification will be retired and I will need to apply for reinstatement of the CCC-A and/or CCC-SLP in order to regain Active certification status.

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

1. The information provided on this affidavit is accurate.
2. 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 will continue to abide by the Code of Ethics of the American Speech-Language Hearing Association.
4. I understand my CCC Inactive status may be made available to the public.
5. I am exempt from the professional development requirement of the certification maintenance standard during the time I am on Inactive status.
6. I understand that the CCC Inactive status for a military spouse waives the requirement to pay annual certification fees during the time I am on the Inactive status.
7. 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) during the time I am on Inactive status.
8. I will notify ASHA of my intent to return to clinical practice and regain Active certification status by completing and submitting the Return to Active Certification form. I understand that I will need to provide evidence of 10 certification maintenance hours (CMHs) that were completed no more than 12 months prior to the submission of the Return to Active Certification form.
9. I understand that I cannot be on Inactive certification status for more than 4 years. If my Inactive status exceeds 4 years, I understand my certification will be retired and I will need to apply for reinstatement of the CCC-A and/or CCC-SLP in order to regain active certification status.

Signature _____ Date _____