



ASHA

American
Speech-Language-Hearing
Association

INTERNATIONAL APPLICANTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN AUDIOLOGY (CCC-A) 2020 STANDARDS

Instructions

- Submit a complete application for the CCC-A, which includes:
 - **Four-page application form:** Pages 1–3 must be completed and signed by the applicant. All five pages must be from *this* 2020 standards application and submitted together; submission of partial applications and applications containing pages for standards other than 2020 will not be processed.
 - **Disclosure questions/affidavits:** Answer all three disclosure questions and include explanations for any questions to which you answered “yes,” then sign and date the affidavit section. By checking yes, you understand that you will be required to submit certified documentation that has been certified *no earlier than 6 months* from the date all application materials are received by the National Office. After the receipt of all application materials, you will receive a request for certified documentation. ASHA must receive this required certification documentation within 60 days of the date of the request. [asha.org/Certification/Certification-Standards-for-Aud--Certification-Disclosure/](https://www.asha.org/Certification/Certification-Standards-for-Aud--Certification-Disclosure/)
 - **Verification by program director:** Verification, on page 4, must be completed and signed/dated by the program director or principal and must include the date that course work and clinical practicum requirements for ASHA certification were completed.
 - **Official English translation of graduate transcript:** The transcript must be original, but does not need to arrive directly from the institution. Applicants must have a degree equivalent to a U.S. clinical doctoral degree in audiology (AuD).
 - **Official English translation of undergraduate transcript:** The transcript must be original, but it doesn’t need to arrive directly from the institution.
 - **Official English translations of course descriptions from your college or university**
 - **Official and original credential evaluation report** from a NACES member agency. This report must indicate that your degree is equivalent to the U.S. clinical doctoral degree.
 - **Practicum Hours Summary Sheet:** Indicate the specific location(s) where you completed your clinical practicum hours, the name of your supervisor(s), and their appropriate credentials (where applicable) and dated of completion. In lieu of this form, ASHA Certification will accept official documentation from your university.
 - **Full payment for initial application fee:** Use the charge authorization on page 6 (Visa, MasterCard, American Express, or Discover are accepted) or submit a personal check made payable to *ASHA*.
- Submit additional required documents (may be received after your completed application as outlined above):
 - **Passing score from the Praxis exam in Audiology:** ASHA must be designated as a score recipient and must be received directly from Educational Testing Service (ETS). The exam must be passed and reported to ASHA no later than 2 years after the date the application is received at the ASHA National Office. Exam scores older than 5 years at the time the application is received at the National Office will not be accepted.
 - **Verification by post-graduate supervisor:** You must have page 5 completed by the post-graduate ASHA-certified audiologist only if you earned less than 12 months of full-time supervised clinical experience under a supervisor who held the CCC-A and the requisite experience and training as outlined in Audiology Certification Standard III.
- Make and keep copies of all your documents prior to submitting them to the ASHA National Office. ASHA does not keep original documents on file.
- Carefully review the application and required documents prior to submission to be certain that all sections have been completed. Applications will not be processed until all required documents are received.
- Verify your post-graduate supervisor by using ASHA’s online verification—it is your responsibility to verify that your supervisor holds a current CCC-A during your entire post-graduate clinical experience.
- Mail this application, along with full payment and accompanying documents, to:

American Speech-Language-Hearing Association
PO Box 791559
Baltimore, Maryland 21279-1559 USA

Please allow approximately 6 weeks for the initial review once your completed application and payment have been received at the ASHA National Office. Certification will be awarded only after ASHA’s Certification Department has verified that all requirements of the standards have been met. Note: Application does not guarantee certification.

Visit www.asha.org/Certification/International-Applicants-for-CCC-A/ for further application information.



INTERNATIONAL APPLICATION FOR CERTIFICATION AND MEMBERSHIP 2020 AUDIOLOGY STANDARDS

Please read all application instructions before completing and submitting this form.

ALL sections must be completed and original signatures must appear on the application.

Please be sure that you are using the appropriate application for the standards under which you wish to apply.

I. BACKGROUND INFORMATION (Sections 1-5)

(1) Personal Information

Name:

First Middle Previous Last

Address: _____

City/State Country Zip/Postcode

Cell phone number: _____ Email: _____

(2) Application Category and Current Affiliation

I am applying for (Please [✓] the appropriate category):

☐ Certificate of Clinical Competence in Audiology (CCC-A) and ASHA Membership

☐ CCC-A (without ASHA Membership)

My present affiliation with ASHA is (Please [✓] the appropriate category):

☐ None ☐ ASHA Member only ☐ NSSLHA Member/Former Member (Account # _____)

☐ Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) and ASHA Membership

☐ CCC-SLP (without ASHA Membership)

I am a former member of ASHA ☐ Yes ☐ No

I am a former ASHA certificate holder ☐ Yes ☐ No

I am a former applicant for certification and/or ASHA membership ☐ Yes ☐ No

(3) Education – Official transcripts must be submitted by all applicants. Complete information below for your undergraduate and graduate institutions.

Institution Code	Education Began		Education Completed		Institution Name	Major	Date Degree Awarded	Degree
	Mo	Yr	Mo	Yr				
Ex. R0291	08	2021	05	2024	ABC University, USA	AUD	06/12/2024	AuD



Name of Applicant: _____
(Please print)

(4) Examination Information

I have taken and passed the Praxis Series examination in audiology and have listed ASHA as a score recipient.

☐ Yes ☐ No ETS ID# _____

Note: Only scores received directly from the Educational Testing Service (ETS) are accepted for certification; please do not submit paper copies of your score report.

(5) Disclosure Information (U.S. and/or any international location)

ASHA certification is not an employment application. Disclosure questions must be answered truthfully regardless of local employment laws or regulations. By checking "yes" to any of the 3 disclosure questions below, you understand that you will be required to submit certified documentation that has been certified no earlier than 6 months from the date all application materials are received by the National Office. After receipt of all application materials, you will receive a request for certified documentation. ASHA must receive this required certified documentation within 60 days of the request.

1. Have you ever been convicted of; been found guilty of; entered a plea of guilty or *nolo contendere* to; or been granted an intervention in lieu of conviction, plea, or further investigation/final findings of allegations to
 - a. any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another or
 - b. any felony?

Check one: ☐ Yes ☐ No

If yes, explain fully, including the nature and date of the offense(s); your age at time of conviction or plea; whether incarceration, fine, or probation was imposed; rehabilitation; and any other relevant factors that you would like ASHA to consider. Use a separate piece of paper if necessary. Include a résumé reflecting your work history since the time of the offense.

- When requested, submit a *certified copy* of court record or docket entry of the finding, conviction, and/or plea, or, if applicable, a *certified copy* from a governmental agency(s) that includes the pleas and/or convictions and demonstrates remediation.
- If the offense has been sealed and/or expunged by a court or agency, when requested, submit a *certified document* to that effect.

Note: Checking yes to any of the above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the underlying finding, plea, or judgment of conviction has been modified, reversed, vacated, or set aside (on appeal).

2. Are you presently indicted on or charged with
 - a. one or more misdemeanors involving dishonesty, physical harm to the person or property of another, or threat of physical harm to the person or property of another or
 - b. one or more felonies?

Check one: ☐ Yes ☐ No

If yes, explain fully, including the nature and date of the alleged offense(s), the court of jurisdiction where the indictment(s) or charges are pending, and any other relevant factors that you would like ASHA to consider. Please use a separate piece of paper if necessary.



Name of Applicant: _____
(Please print)

Note: Checking yes to the question above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the indictment(s) or charge(s) have been dismissed or otherwise resolved.

3. Have you ever
- been disciplined or sanctioned, other than for insufficient or late professional or continuing education, by any professional association, professional licensing authority or board, or other professional regulatory body?
 - been denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?
 - voluntarily relinquished or surrendered a license, certification, or registration with any professional association, licensing authority or board, or other regulatory body while under investigation for alleged unprofessional or improper conduct?

Check one: ☐ Yes ☐ No

If you checked "yes":

- Explain fully, including the nature and date of the offense(s); rehabilitation; restitution; and any other relevant factors that you would like ASHA to consider. Use a separate piece of paper if necessary.
 - When requested, submit a certified copy of documentation from the professional agency(s) that includes the denial, discipline or sanctions imposed and demonstrates, if applicable, remediation.
 - Include a résumé reflecting your work history since the time of the offense.
- _____
- _____
- _____

Note: Checking yes to the question above will not automatically preclude certification and/or membership. All relevant factors will be considered. An applicant may file with ASHA, at any time, certified documentation demonstrating that the indictment(s) or charge(s) have been dismissed or otherwise resolved.

II. Affidavits (Section 6)

- I affirm that all of the information provided on this application is true and accurate and fully responsive to the questions asked.
- I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association.
- I understand that if I apply for certification and membership and I am not awarded certification for any reason, my membership with ASHA will be cancelled immediately.
- I agree to abide by all standards required to maintain my certification, including payment of annual fees and participation in continuing professional development activities, and I understand that, once certified, my certification status may be made available to the public.

Signature: _____ Date: _____ / _____ / _____



Name of Applicant: _____ (please print)

2020 Standards for Clinical Certification in Audiology Verification by Program Director

Please respond to each statement. The applicant must have met each standard in order to be awarded certification.*

- ☐ Yes ☐ No Completed a course of study that addresses the knowledge and skills necessary to independently practice in the profession of audiology. (Std. II)
- ☐ Yes ☐ No Been granted an audiology doctoral degree (AuD) from an institution whose program was in candidacy status or accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. I)
If *No*: Has applicant been granted a doctoral degree equivalent to a CAA-accredited AuD? Explain.*
- ☐ Yes ☐ No Completed a course of study that included academic course work and clinical experiences that met CAA standards for duration and was sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II. (Std. III)
- ☐ Yes ☐ No At least 12 months of full-time supervision was provided by individuals who held the CCC-A, who had a minimum of nine months of post-certification supervisory experience, and who had two hours of continuing education in supervision. (Std. III)
If *No*: How many months of supervised clinical experience was completed under an ASHA-certified audiologist who has had nine months of post-certification supervisory experience, and two hours of continuing education in supervision? Explain.*
- ☐ Yes ☐ No Knowledge delineated in Foundations of Practice. (Standard II.A.)
- ☐ Yes ☐ No Knowledge and skills delineated in Prevention and Screening. (Std. II. B.)
- ☐ Yes ☐ No Knowledge and skills delineated in Audiologic Evaluation. (Std. II. C.)
- ☐ Yes ☐ No Knowledge and skills delineated in Counseling. (Std. II. D.)
- ☐ Yes ☐ No Knowledge and skills delineated in Audiologic Rehabilitation Across the Life Span. (Std. II. E.)
- ☐ Yes ☐ No Knowledge and skills delineated in Pediatric Audiologic (Re)habilitation. (Std. II. F.)

***Attach an explanation for any statements above for which you checked "no."**

The program director or designee verifies that the student met each standard and has successfully met the academic program's requirements. *Photocopies or stamped signatures will not be accepted.*

Name of Program Director _____ Title _____
(Please print)

University or College _____

Signature _____ Date / /
(MM / DD / YEAR)

Date course work and clinical practicum requirements for ASHA certification were completed / /
(MM / DD / YEAR)



Name of Applicant: _____ (please print)

Applicant: Have this page completed only if you earned less than 12 months of full-time supervised clinical experience under a supervisor who held the CCC-A and the requisite experience and training.

2020 Standards for Clinical Certification in Audiology Verification by Post-Graduate Supervisor

Please respond to each question. The applicant must have met each standard in order to be awarded certification.**

How many months of full-time equivalency of supervision did you provide? (Standard III) _____

Place of employment _____

Primary Setting _____

Job Function _____

Time Period _____

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge delineated in Foundations (Standard IIA) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Prevention and Screening (Standard IIB) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge delineated in Audiologic Evaluation (Standard IIC) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Counseling (Standard IID) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge and/or skills delineated in Audiologic Rehabilitation Across the Lifespan (Standard IIE) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Pediatric Audiologic (Re)habilitation (Standard IIF) |

*** For the purposes of ASHA certification, supervisors must 1) hold the Certificate of Clinical Competence in Audiology (CCC-A), 2) must have a minimum of nine months of post-certification supervisory experience, and 3) must have completed a minimum of two hours of continuing education in supervision after receiving the CCC-A.**

****Attach an explanation for any statements above for which you checked "no."**

The post-graduate supervisor verifies that the student met each standard and has successfully met the academic program's requirements. *Photocopies or stamped signatures will not be accepted.*

Name _____ ASHA Account # _____

Signature _____ Date / /
(MM / DD / YEAR)



CHARGE AUTHORIZATION FORM

- **Please submit payment in full**, U.S. currency only, with your application. Applicants who are deemed ineligible for ASHA certification or who voluntarily withdraw their application for ASHA certification within 1 year of the initial application payment date will receive a refund of the initial application fee, less a \$50 nonrefundable processing fee. The initial application fee will not be refunded according to the following criteria: (a) after the first dues/fees payment has been made or (b) after 1 year or more from the application payment date, whichever comes first. Applicants who have made a dues/fees renewal payment will receive a refund of only the most recent payment.
- ASHA accepts MasterCard, Discover, American Express, or VISA. If paying by credit card, complete this form and submit with your application.
- If paying by check, you do not need to complete this form; simply include your check made payable to ASHA with your application.
- If you are unclear about the dues/fees you should submit with your application, please consult the dues and fees information found on [How to Apply for Certification in Audiology](#) on the ASHA website, or contact the ASHA Action Center for assistance at 800-498-2071.

Name of Applicant (please print)

Address

City

State

Country

Zip/Postal Code

Telephone Number (Daytime)

Telephone Number (Evening)

E-mail Address

I wish to pay by:

☐ **MasterCard**

☐ **Discover**

☐ **VISA**

Account number

Expiration date

Name of Cardholder (as it appears on the card)

Amount of Payment \$ _____ (Please indicate amount you are authorizing to be charged)

Signature of Cardholder

Date