INTERNATIONAL APPLICANTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP) 2020 STANDARDS

Instructions

- Submit a complete application for the CCC-SLP, which includes:
    - **Four-page application form:** Pages 1–3 must be completed and signed by the applicant. All four 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-SLP--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.
    - **Official English translations of course descriptions from your college or university**
    - **Official and original credential evaluation report** from a NACES member agency
    - **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 5 (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 Speech-Language Pathology:** 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.
    - **Speech-Language Pathology Clinical Fellowship Report and Rating Form (SLPCF):** When ASHA has received your completed application, you will receive a status report that will tell you if all academics and practicum hours have been approved. Once you receive confirmation that you meet all academic and practicum hour requirements, you may begin your Clinical Fellowship (CF) experience. *It is strongly recommended that you not begin your CF without first receiving this approval. Any hours completed prior to receiving this approval will not count toward the required 1,260 hours.* Following the completion of a CF experience, send the SLPCF form to ASHA separately *after* your application has been submitted.

- 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 clinical fellowship mentor by using ASHA's online verification—it is your responsibility to verify that your mentor holds a current CCC-SLP during your entire CF.

- Mail this application, along with full payment and accompanying documents, to:

  American Speech-Language-Hearing Association
  PO Box 791559
  Baltimore, MD 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-SLP/ for further application information.

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PO Box 791559, Baltimore, MD 21279-1559 USA

For Internal Use Only
Account #_____
Most Recent CCC Date___/____/____
Expiration Date____/_____/_____

INTERNATIONAL APPLICATION FOR CERTIFICATION AND MEMBERSHIP 2020 SPEECH-LANGUAGE PATHOLOGY 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 Speech-Language Pathology (CCC-SLP) and ASHA Membership
[ ] CCC-SLP (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 Audiology (CCC-A) and ASHA Membership
[ ] CCC-A (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.

Education Began Mo	Yr	Education Completed Mo	Yr	Institution Name	Major	Date Degree Awarded	Degree
08	***2021***	***05***	***2024***	***ABC University, USA***	***SLP***	***06/12/2024***	***MS***

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Name of Applicant: _____
(Please print)

(4) Examination Information

I have taken and passed the Praxis Series examination in speech-language pathology 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 (United States 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.

   _____

   _____

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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
   a. been disciplined or sanctioned, other than for insufficient professional or continuing education, by any professional association, professional licensing authority or board, or other professional regulatory body?
   b. been denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?
   c. 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.*

(6) Clinical Fellowship (CF) Experience

By checking "yes" you understand that (1) all academics and practicum hours must be evaluated and approved by ASHA prior to starting your CF experience; and (2) if academics and practicum hours are determined to be incomplete, any hours spent in the CF will not be accepted toward the required 1,260 hours, and you will be required to begin a new CF once your application has been approved.
By checking "no" you understand that (1) all academics and practicum hours must be evaluated and approved by ASHA prior to beginning a CF experience, and (2) you must wait for notification from ASHA before beginning a CF experience.

Have you started a CF experience? Please [√] the appropriate response: [ ] yes [ ] No

II. Affidavits (Section 6)

A. I affirm that all of the information provided on this application is true and accurate and fully responsive to the questions asked.
B. I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association.
C. 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.
D. 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: ____/____/____

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Name of Applicant: _____ (please print)

2020 Standards for Clinical Certification in Speech-Language Pathology
Verification by Program Director

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

□ Yes	□ No	Has a master's, doctoral, or other recognized post-baccalaureate degree. (Std. I)
□ Yes	□ No	Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. II)
□ Yes	□ No	Completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the knowledge and skills outcomes. (Std. III)
□ Yes	□ No	Has demonstrated knowledge of statistics, as well as the biological sciences, physical sciences, and social sciences. Physical science coursework must have included physics or chemistry. (Std. IV. A.)
□ Yes	□ No	Has demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. Has demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span. (Std. IV. B.)
□ Yes	□ No	Has demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the nine areas noted in the standard. (Std. IV. C.)
□ Yes	□ No	Has demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for each of the nine areas specified in the standard for individuals with communication and swallowing disorders. (Std. IV. D.)
□ Yes	□ No	Has demonstrated knowledge of standards of ethical conduct. (Std. IV. E.)
□ Yes	□ No	Has demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice. (Std. IV. F.)
□ Yes	□ No	Has demonstrated knowledge of contemporary professional issues. (Std. IV. G.)
□ Yes	□ No	Has demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice. (Std. IV. H.)
□ Yes	□ No	Has demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice. (Std. V. A.)
□ Yes	□ No	Has completed a program of study that included experiences sufficient in breadth and depth to achieve the skills outcomes of evaluation, intervention, and interaction and personal qualities. (Std. V. B.)
□ Yes	□ No	Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact. (Std. V. C.)
□ Yes	□ No	Has completed at least 325 of the 400 clock hours while engaged in graduate study. (Std. V. D.)
□ Yes	□ No	Has been supervised by individuals who held a current ASHA Certificate of Clinical Competence in the appropriate profession and who meet eligibility requirements for supervision for the minimum number of required clinical practicum hours. The amount of direct supervision was commensurate with the student's level of knowledge, skills, and experience, not less than 25% of the student's total contact with each client/patient, took place periodically through the practicum, and was sufficient to ensure the welfare of the client/patient. (Std. V. E.)
□ Yes	□ No	Supervised practicum included experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span. (Std. V. 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)

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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 Speech-Language Pathology 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)

Email 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

ASHA CLINICAL FELLOWSHIP (CF) REPORT AND RATING FORM
2020 CERTIFICATION STANDARDS
For use by International Applicants or with CFs completed outside of the United States (U.S.)

INSTRUCTIONS:

- An application for certification must be submitted at this time if you have not already done so.
- A separate CF Report and Rating Form must be submitted for each change in mentor, location, or regularly scheduled hours worked per week.
- All blanks and boxes must be filled in. Incomplete Report & Rating forms will be returned and will delay the processing of your application.
- A full-time CF experience consists of a minimum of 35 hours worked per week and equals 1,260 hours throughout the 36-week CF experience. It must consist of at least 36 mentoring activities, including 18 hours of on-site direct client contact observations and 18 other monitoring activities.
- Professional experience of less than 5 hours per week cannot be used to meet the SLPCF requirement.
- Use black ink only when completing this form. Print all information clearly.
- **Only submit this form if you are an international applicant or are completing your CF outside the U.S.**

Section 1. Speech-Language Pathology Clinical Fellow Information

Name _____
Last First Middle Maiden/Former

Home Address _____
Street City State Zip Code

Home/Cell Number _____ Email _____

I understand that it is my responsibility to verify that my CF mentor holds and maintains current ASHA certification in speech-language pathology throughout the CF experience in order for the experience to be accepted as meeting standards.

_____ _____ _____
Signature of SLP Clinical Fellow Date ASHA Account #

Section 2. SLPCF Mentor Information

_____ _____
Name Mentor's ASHA Account Number

I verify that I hold current ASHA certification in speech-language pathology and understand that I must maintain this certification throughout the CF experience in order for the experience to be accepted as meeting standards. I have met ASHA's 2020 supervision requirements prior to mentoring this Clinical Fellow. I understand that 6 direct and 6 indirect hours of observation per segment are required for the weeks and hours to count towards meeting the CF requirement.

_____
Signature of SLPCF Mentor

Section 3. SLPCF Setting Information

Facility Name _____ Phone _____

Address _____
Street City State Zip Code

Section 4. SLPCF Duration (beginning and ending dates)

- The beginning date of CF experience is _____/_____ /_____
- The ending date of this CF experience is _____/_____/_____
- Total number of weeks worked during this CF experience _____

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Section 5. SLPCF Activity Information

- At least 80% of the SLPCF work week must be in direct clinical contact related to the management process of individuals who exhibit communication difficulties. Example of this includes assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling.
- Do not include travel or lunch hours.
- Do not enter percentages or ranges of time.
- If the number of hours you work per week varies, you may estimate the number of hours you work in a typical week. Work weeks that consist of less than 5 hours cannot be counted towards the CF experience.
- Indicate the number of hours per week you spent in

_____ Direct care and care management (i.e., assessment/evaluation, screening, treatment, report writing, family/client consultation or counseling)

_____ Indirect activities (i.e., staff meetings, professional development, literature reviews, in-service training/presentations)

_____ Total hours per week

SLP Clinical Fellow's Name_____ (please print)

Section 6. SLPCF Skills Rating Chart Instructions for the SLPCF Mentor

INSTRUCTIONS

- Circle the rating that corresponds to each skill. See the Clinical Fellowship Skills Inventory (CFSI) for a description of each skill.
- Rate the clinical fellow on all 21 skills.
- Discuss the ratings with the Clinical Fellow at the end of each segment
- Ensure each segment is equal to one-third of the CF experience (12 weeks full time or 420 hours part time).

Rating Scale: 3 = exceeds expectations, 2 = meets expectations, 1 = does not meet expectations

SEGMENT 1		**SEGMENT 2**		**SEGMENT 3**	
Beginning date:		**Beginning date:**		**Beginning date:**	
Ending date:		**Ending date:**		**Ending date:**	
Skills: See CFSI					
Assessment	***Ratings***	***Assessment***	***Ratings***	***Assessment***	***Ratings***
1	**3 2 1**	**1**	**3 2 1**	**1**	**3 2 1**
2	**3 2 1**	**2**	**3 2 1**	**2**	**3 2 1**
3	**3 2 1**	**3**	**3 2 1**	**3**	**3 2 1**
4	**3 2 1**	**4**	**3 2 1**	**4**	**3 2 1**
5	**3 2 1**	**5**	**3 2 1**	**5**	**3 2 1**
6	**3 2 1**	**6**	**3 2 1**	**6**	**3 2 1**
Treatment	***Ratings***	***Treatment***	***Ratings***	***Treatment***	***Ratings***
1	**3 2 1**	**1**	**3 2 1**	**1**	**3 2 1**
2	**3 2 1**	**2**	**3 2 1**	**2**	**3 2 1**
3	**3 2 1**	**3**	**3 2 1**	**3**	**3 2 1**
4	**3 2 1**	**4**	**3 2 1**	**4**	**3 2 1**
5	**3 2 1**	**5**	**3 2 1**	**5**	**3 2 1**
6	**3 2 1**	**6**	**3 2 1**	**6**	**3 2 1**

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Professional Practice	*Ratings*	*Professional Practice*	*Ratings*	*Professional Practice*	*Ratings*
1	3 2 1	1	3 2 1	1	3 2 1
2	3 2 1	2	3 2 1	2	3 2 1
3	3 2 1	3	3 2 1	3	3 2 1
4	3 2 1	4	3 2 1	4	3 2 1
5	3 2 1	5	3 2 1	5	3 2 1
6	3 2 1	6	3 2 1	6	3 2 1
Interpersonal	*Ratings*	*Interpersonal*	*Ratings*	*Interpersonal*	*Ratings*
1	3 2 1	1	3 2 1	1	3 2 1
2	3 2 1	2	3 2 1	2	3 2 1
3	3 2 1	3	3 2 1	3	3 2 1
SLPCF Mentor's Signature:		**SLPCF Mentor's Signature:**		**SLPCF Mentor's Signature:**	
Clinical Fellow's Signature:		**Clinical Fellow's Signature:**		**Clinical Fellow's Signature:**	
Date of Feedback Session:		**Date of Feedback Session:**		**Date of Feedback Session:**	

Section 7. SLPCF Mentor's Recommendations and Verification of Information

□ Yes □ No I recommend that the SLPCF experience documented on this form be accepted by the CFCC towards meeting the requirements for the CCC-SLP. (If "No," attach a rationale and documentation for your answer.)

□ Yes □ No I affirm that there were at least 12 supervisory activities during each segment of the SLPCF, including 6 hours of on-site observations of direct client contact and 6 other mentoring activities. (If "No," attach an explanation.)

□ Yes □ No I affirm that alternative methods of observation/mentoring activities were not used. (If alternative methods were used, prior approval was obtained from the CFCC before using those alternative methods.)

Note: For the purposes of ASHA certification, the CFCC does not permit the use of telepractice and telesupervision outside the U.S. unless all parties, including the Clinical Fellow, CF mentor, and patient/client are located within the same country at the time of service.

Section 8. Signatures of SLPCF Mentor and SLP Clinical Fellow

We, the SLPCF mentor and the SLP Clinical Fellow

- *verify that we have discussed this report;*
- *verify that the mentor's certification was current throughout the CF experience;*
- *verify that we have completed the required evaluations; and*
- *verify that we are not related in any manner.*

NOTE: This report must be signed/submitted AFTER the end date of the experience reported on this form. If it is signed prior to the end date, it will be returned and will delay the processing of your application for certification.

Signature of SLPCF mentor _____ Date _____

Signature of SLP Clinical Fellow _____ Date _____