



# RETURN TO ACTIVE CERTIFICATION FORM

## Instructions

- Print, complete, and sign this form if you wish to regain Active certification status.
- Submit evidence of 10 certification maintenance hours (CMHs) 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](mailto:cccmaintenance@asha.org)

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

## Please provide current, accurate information:

Check area(s) of certification

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 CMHs 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 \_\_\_\_\_

