



APPLICATION FOR *REINSTATEMENT* OF THE CERTIFICATE OF CLINICAL COMPETENCE IN AUDIOLOGY (CCC-A)

Policies and Procedures for individuals seeking reinstatement of the CCC-A who are considered “Not Current” after their ASHA certification has expired, or has been revoked*, resigned, or retired:

Former certificate holders with a **master’s degree**:

- **Provide confirmation** of receipt of a passing score on the Praxis Exam in Audiology via official notification from the Educational Testing Service (ETS) that was achieved no more than 5 years prior to application for reinstatement,
- **Provide evidence** of either 10, 20, or 30 Certification Maintenance Hours (CMHs) of completed professional development activities, depending on how long certification has been expired,
- **Submit** a reinstatement application**, and
- **Pay** a reinstatement fee.

Former certificate holders with a **doctoral degree** within 1 year of expiration of certification:

- **Provide confirmation** of receipt of a doctoral degree,
- **Provide evidence** of 10 CMHs,
- **Submit** a reinstatement application**, and
- **Pay** a reinstatement fee.

Former certificate holders with a **doctoral degree** after more than 1 year of expiration of certification:

- **Provide confirmation** of receipt of a doctoral degree,
- **Provide confirmation** of receipt of a passing score on the Praxis Exam in Audiology via official notification from the Educational Testing Service (ETS) that was achieved no more than 5 years prior to application for reinstatement,
- **Provide evidence** of either 10, 20, or 30 Certification Maintenance Hours (CMHs) of completed professional development activities, depending on how long certification has been expired,
- **Submit** a reinstatement application**, and
- **Pay** a reinstatement fee.

** An individual whose CCC-A was revoked by the Board of Ethics must first petition and receive approval to reinstate from the Board of Ethics, as well as meet all the Board’s reinstatement conditions or requirements, before submitting this application for reinstatement.*

*** Answer disclosure questions, and include explanations for any questions answered “yes.” When requested, submit certified documentation that has been certified no later than 6 months from the date all application materials are received by the National Office.*

INSTRUCTIONS

1. Complete and submit the following:
 - **Reinstatement application form** containing the original signature of the applicant.
 - **Official transcript** confirming receipt of a doctoral degree (see above: former doctoral certificate holders only).
 - **Evidence of professional development activities** based on the number of years you were not currently certified (i.e., 1 year = 10 hours, 2 years = 20 hours, 3 years or more = 30 hours)
 - Paid CE Registry users (within last 1-3 years) may not be required to provide additional evidence; however, documentation is required for hours other than ASHA CEUs.

- Documentation must include the title of the course/activity, name of sponsoring organization or college/university, date(s) of attendance/completion, and hours earned.
 - **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.
 - **Official notification from ETS** of receipt of a passing Praxis Audiology exam score that was achieved *no more than 5 years* prior to application for reinstatement (see above: former certificate holders with a master’s degree, and former certificate holders with a doctoral degree who are seeking reinstatement after more than 1 year of expiration of certification).
 - **Full payment** in the form of a check or charge authorization. Visa, MasterCard, or Discover are accepted. If paying by check, please make payable to ASHA.
 - \$375 for CCC-A and ASHA membership
 - \$349 for CCC-A without ASHA membership
2. Make and retain copies of all documents prior to submitting them to the ASHA National Office.
 3. Incomplete application materials will not be processed; applicants will be notified of the delinquency and given 60 days to complete and resubmit the appropriate application materials.
 4. Please mail application with full payment to:
American Speech-Language Hearing Association
PO Box 1160 #313
Rockville, MD 20849

Please allow approximately 6 weeks for review once all required materials are received at the ASHA National Office. Certification will be reinstated only after ASHA’s certification department has verified that all reinstatement requirements have been met.



REINSTATEMENT APPLICATION FOR CERTIFICATION AND MEMBERSHIP AUDIOLOGY

Please read all application instructions before completing and submitting this form.
ALL sections must be completed and original signatures must appear on the application.

I. BACKGROUND INFORMATION (Sections 1-5)

(1) Personal Information

Ms Name: _____
Mrs _____
Mr First Middle Previous Last
Miss _____
Dr Mailing Address: _____

City State Zip
Social Security Number: _____ Date of birth: _____
Daytime phone number: _____ Evening phone number: _____
E-mail address: _____ Fax number: _____

(2) Application Category

I am applying for reinstatement of (Please [✓] the appropriate category):
 Certificate of Clinical Competence in Audiology (CCC-A) and ASHA Membership
 CCC-A (without ASHA Membership)

(3) Examination Information

I confirm that I have taken and passed the Praxis Series examination in audiology within 5 years of submitting this application and have listed ASHA as a score recipient. Please [✓] the appropriate response:
 Yes
 No (If you answer "no" you must wait to apply for reinstatement until you have retaken and passed the Praxis exam and have had your score sent to ASHA by ETS.)
 No, but I am within 1 year of my CCC-A becoming "not currently certified."

(4) Professional Development

Based on the number of years I was "not currently certified," I have completed the required number of hours of professional development activities and have enclosed documentation to verify compliance for
 1 year = 10 hours 2 years = 20 hours 3 or more years = 30 hours



Name of Applicant: _____
(Please print)

(5) Disclosure Information

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; been found guilty; entered a plea of guilty or *nolo contendere*; 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 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.

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.



Name of Applicant: _____

(Please print)

3. Have you ever been
- a. 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. denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?

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 underlying finding, discipline, or sanction has been modified, reversed, vacated, or set aside.

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 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: _____ / _____ / _____



CHARGE AUTHORIZATION FORM

- **Please submit payment in full**, U.S. currency only, with your application. **New refund policy effective 9/1/2019:** Applicants who are deemed ineligible for ASHA certification or who voluntarily withdraw their application for ASHA certification will receive a refund of the initial application fee, less a \$50 non-refundable processing fee.
 - **\$375** for CCC-A and ASHA membership
 - **\$349** for CCC-A without ASHA membership
- ASHA accepts MasterCard, Discover, 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 reinstatement dues/fees you should submit with your application, please 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