AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CERTIFICATION MAINTENANCE COMPLIANCE FORM

INSTRUCTIONS

1. **Print** this form
2. **Complete** all information
3. **Sign and date** at the bottom
4. **Submit** your form via mail:

ASHA
2200 Research Blvd. #313
Rockville, Maryland 20850

or scan completed form and e-mail to: certificationmaintenance@asha.org

Please provide current, accurate information:

_____Check here if this is a new address

Compliance Interval _____

ASHA ID: _____

Check area(s) of certification:
□ CCC-A □ CCC-SLP □ Dual

Name: _____ Previous Name(s) Used: _____

Address: _____
Street City State Zip

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

AFFIDAVITS – Your signature on this form affirms that you have read and agree to abide by each the following statements:

1. I affirm that the information provided on this Compliance Form is accurate.
2. I affirm that, in accordance with the Certification Standards, I have participated in 30 Certification Maintenance Hours of professional development during my 3-year certification maintenance interval.
3. I affirm that I abide by ASHA's Code of Ethics.
4. I affirm that I abide by all standards required to maintain my certification.
5. I affirm that I understand my certification status may be made available to the public.
6. I affirm that I understand certification maintenance is also contingent upon payment of annual certification fees upon my receipt of the annual invoice.
7. I affirm that if I do not maintain my certification through (a) compliance with certification maintenance standard requirements, (2) abiding by the Code of Ethics, and (3) payment of annual certification fees, that I will cease using the designation CCC-A and/or CCC-SLP and will not display the Certificate of Clinical Competence.

Signature _____ Date _____