



ASHA
American
Speech-Language-Hearing
Association

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/](https://www.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, 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
P.O. Box 1160, #313
Rockville, MD 20849

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.



**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
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Address: _____

City/State	Country	Zip/Postcode
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Social Security Number: _____ Date of birth: _____

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.

Institution Code	Education Began		Education Completed		Institution Name	Major	Date Degree Awarded	Degree
	Mo	Yr	Mo	Yr				
<i>Ex. R0291</i>	<i>08</i>	<i>2016</i>	<i>05</i>	<i>2019</i>	<i>ABC University, USA</i>	<i>SLP</i>	<i>06/12/2019</i>	<i>MS</i>



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. Please [✓] the appropriate response: [] yes [] No

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; 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.



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 professional or continuing education, by any professional association, professional licensing authority or board, or other professional regulatory body?
 - 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.*

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)

- 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 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)



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 will receive a refund of the initial application fee, less a \$50 non-refundable processing fee.
- 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 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)

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