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, 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.

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

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.

<table>
<thead>
<tr>
<th>Institution Code</th>
<th>Education Began</th>
<th>Education Completed</th>
<th>Institution Name</th>
<th>Major</th>
<th>Date Degree Awarded</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. R0291</td>
<td>08 2016</td>
<td>05 2019</td>
<td>ABC University, USA</td>
<td>SLP</td>
<td>06/12/2019</td>
<td>MS</td>
</tr>
</tbody>
</table>


For Internal Use Only
Account #: ___________________
Most Recent CCC Date: ____/____/_____
Expiration Date: ____/____/_____

PO Box 1160 #313, Rockville, MD 20849
(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.

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
   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.

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: _______ / _______ / _______
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)

PO Box 1160 #313
Rockville, MD 20849

ASHA 2020 SLP Standards for Clinical Certification (Int'l) 2/2020
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