

APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY FOR APPLICANTS APPLYING THROUGH THE MUTUAL RECOGNITION AGREEMENT

INSTRUCTIONS

1. Applicants are encouraged to read the Mutual Recognition Agreement prior to completing and submitting an application for ASHA certification, which can be found at asha.org/certification/MultilateralMRA.
2. Individuals who hold current membership and clinical certification in speech-language pathology from **Speech-Language and Audiology Canada (SAC)**, who hold current certified membership from the **Royal College of Speech and Language Therapists (RCSLT)** or the **Speech Pathology Association of Australia Limited**, or who are full members of the **Irish Association of Speech and Language Therapists (IASLT)** or the **New Zealand Speech-Language Therapists' Association (NZSTA)** are eligible to apply for ASHA membership and certification with the form that follows.
3. Applications must bear the original signature of the applicant; applications without original signatures will be considered as incomplete and will be returned to the applicant.
4. All applicants must request that their home association issue a letter to ASHA affirming their current certification or full membership with the home association. This letter must have been issued no more than one year prior to submission to ASHA.
5. 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/
6. All applications must be accompanied by an application fee payment of \$511 (US dollars).
7. Please make and retain copies of all documents prior to submitting them to the ASHA National Office. Copies of documents are not available once certification is awarded.

Note: Applications without an accompanying payment cannot be processed and will be returned to the applicant.

Letters of Good Standing: The applicant must contact their home association to have a formal letter affirming current certification sent on Association letterhead directly to ASHA.

Examination Requirement: Applicants from IASLT, NZSTA, RCSLT, and Speech Pathology Australia must take and pass the ASHA-approved national certification exam and have their score reported to the ASHA National Office by the testing agency. Applicants from SAC who did not take the SAC certification examination prior to 4/1/2020 must take and pass the ASHA-approved national certification examination and have their score reported to the ASHA National Office by the testing agency.

Postgraduate professional clinical experience:

- Applicants from SAC who have less than one year (1,260 hours) of postgraduate professional experience must complete an ASHA Clinical Fellowship experience supervised by either an ASHA certificate holder or a certified member of SAC. During this clinical experience, these applicants will need to demonstrate successful achievement of the skills identified in the current Clinical Fellowship Skills Inventory instrument.
- Applicants from SAC who have at least one year of postgraduate professional experience completed under the supervision of an individual holding either ASHA or SAC certification must complete and submit the Verification of Postgraduate Professional Clinical Experience form.

Once all materials have been received and all requirements have been met, the applicant will be sent notice of their certification. Processing time is approximately 4 to 6 weeks from receipt by the ASHA National Office of all required materials.

**APPLICATION FOR CERTIFICATION/MEMBERSHIP FOR SPEECH-LANGUAGE PATHOLOGY APPLICANTS
UNDER THE MUTUAL RECOGNITION AGREEMENT**

Please read all application procedures before completing this form. Applicants must complete **ALL** sections of this form.

BACKGROUND INFORMATION (Sections 1–6)

(1) Personal Information

Ms
Miss
Mrs Name _____
Mr First Middle Previous/Maiden Last
Dr
Mailing Address _____
Street
City Country Postal Code
Phone Number (Home) _____ Phone Number (Work) _____
Social Security Number (if available) _____
E-mail Address _____ Fax Number _____

(2) Application Category

I am applying for ASHA:
 Certification and Membership in Speech-Language Pathology
 Certification in Speech-Language Pathology without membership

I am currently:

a clinically certified member of SAC	Yes _____	No _____
a certified member of RCSLT	Yes _____	No _____
a full member of IASLT	Yes _____	No _____
a full member of NZSTA	Yes _____	No _____
a certified member of Speech Pathology Australia	Yes _____	No _____

(3) Education

Please list degree information relevant to speech-language pathology, providing the name of the conferring university, the country in which the university was located, the degree earned, and the date the degree was conferred.

University _____ Country _____
Degree earned _____ Date degree conferred _____

(4) Professional Experience

Are you currently employed? Yes _____ No _____

If yes, please provide the following information:

Employer's Name _____
Employer's Address _____
Phone Number _____ Dates of Employment: from _____ to _____
Briefly describe your duties

(5) Exam Information

I have taken and passed the Praxis exam series in speech-language pathology, and have listed ASHA as a score recipient. *Only scores received directly from the Educational Testing Service (ETS) are accepted for certification.*

Yes _____ No _____

- I am an SAC-certified member who passed the SAC certification exam prior to April 1, 2020, and I am exempt from taking the Praxis exam. (Those who passed provincial exams are not exempt and must take and pass the Praxis exam.)

(6) 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.

- A. 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
1. 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*
 2. 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).*

- B. Are you presently indicted on or charged with
1. 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*
 2. 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.*

- C. Have you ever been
1. 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?
 2. 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.*

CONSENT AND AFFIDAVIT (Sections 7–8)

(7) Consent

I consent to _____ sharing with ASHA all information regarding any pending
Name of Home Association
 charges, convictions, and/or disciplinary actions against me, including any that may arise subsequent to this application.

Signature _____ Date _____

(8) Affidavit

- 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 ASHA 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.
- D. I agree that the results of my application may be shared with the other signatory associations for research purposes and no identifying information will be included.

Signature _____ Date _____

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 [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