



# APPLICATION FOR *REINSTATEMENT* OF THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP)

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reinstatement of the CCC-SLP who are considered “Not Current” after their ASHA certification has expired, or has been revoked, resigned, or retired:

- **Provide evidence of professional development\*\*** activities that are within the Scope of Practice in Speech-Language Pathology and *earned no more than 3 years prior* to submitting the application for reinstatement.
- **Provide confirmation of receipt of a passing score\*\*** on the Praxis Exam in Speech-Language Pathology via official notification from the Educational Testing Service (ETS) that was achieved no more than 5 years prior to application for reinstatement.
- **Answer disclosure questions**, including explanations for any questions answered “yes.” When requested, submit certified documentation that has been certified *no earlier than 6 months* from the date all application materials are received by the National Office.
- **Submit a reinstatement application.** \*
- **Pay a reinstatement fee.**

\* An individual whose CCC-SLP was revoked by the Board of Ethics must *first* petition and receive approval to reinstate from the Board of Ethics, as well as meet all the Board’s reinstatement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.

## Instructions

1. Complete and submit the following:

- **Reinstatement application form** containing the original signature of the applicant.
- **Evidence of professional development\*\*** based on the number of years certification has been “not current” (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 later 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 Speech-Language Pathology exam score that was achieved *no more than 5 years* prior to application for reinstatement.
- **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-SLP and ASHA membership
  - \$349 for CCC-SLP without ASHA membership

**\*\*If applying for reinstatement within 1 year of becoming “not current”:** 1) no passing Praxis score is required as long as the application is submitted by March 31 of the following year, and 2) provide evidence of 10 Certification Maintenance Hours (CMHs) earned no more than 12 months prior to application.

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. 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 awarded only after ASHA’s Certification Department has verified that all reinstatement requirements have been met.**



## REINSTATEMENT APPLICATION FOR CERTIFICATION AND MEMBERSHIP SPEECH-LANGUAGE PATHOLOGY

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 Speech-Language Pathology (CCC-SLP) and ASHA Membership  
 CCC-SLP (without ASHA Membership)

### (3) Examination Information

I confirm that I have taken and passed the Praxis Series examination in speech-language pathology 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-SLP 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.

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**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-SLP and ASHA membership
  - **\$349** for CCC-SLP 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.

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Name of Applicant (please print)

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Address

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City

State

Country

Zip/Postal Code

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Telephone Number (Daytime)

Telephone Number (Evening)

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E-mail Address

**I wish to pay by:**

**MasterCard**

**Discover**

**VISA**

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**Account number**

**Expiration date**

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Name of Cardholder (as it appears on the card)

Amount of Payment \$ \_\_\_\_\_ (Please indicate amount you are authorizing to be charged)

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Signature of Cardholder

Date