

INSTRUCTIONS CERTIFICATION MAINTENANCE COMPLIANCE FORM

Use this form when you have completed the required 30 certification maintenance hours during your assigned 3-year maintenance interval.

All certificate holders are required to complete, sign and submit the Certification Maintenance Compliance form. This form is required whether you earn ASHA CEUs or accumulate certification maintenance hours from other continuing education activities.

Mail your completed form to:

American Speech-Language-Hearing Association
Certification Administration
10801 Rockville Pike
Rockville, MD 20852

Please contact your case manager if you have questions:

First letter of last name	Your case manager	Direct extension
N, W, X	Arlene Gottschalk	ext. 4244
A, S	Barbara Schuetz	ext. 4292
B, D	Shanté Nicole H. Pinckney	ext. 4246
H, J	Marilyn Burns	ext. 4296
C, F, O, Z	Marva Thompson	ext. 4169
L, Q, V	Rosemary Okafor	ext. 4208
E, K, P, U	Barry Dorsey	ext. 4278
G, I, R, Y	Jenese Jackson	ext. 4388
M, T	Rayned Wiles	ext. 4752

If you choose not to comply with the certification maintenance requirement, your certification will lapse on December 31 of the last year of your 3-year maintenance interval. The ASHA Code of Ethics prohibits ASHA members who do not hold the Certificate of Clinical Competence from providing clinical services, supervising student practicum, supervising a clinical fellow, or using the designation CCC-A or CCC-SLP. If you decide to reinstate your certification at a later date, you will be subject to the procedures for reinstatement in effect at that time. Current reinstatement policies are available on the ASHA Web site as follows:

Audiology:

http://www.asha.org/about/membership-certification/reinstate_aud.htm

Speech-Language Pathology:

http://www.asha.org/about/membership-certification/reinstate_slp.htm



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CERTIFICATION MAINTENANCE COMPLIANCE FORM

Please provide current, accurate information:

_____ Check here if this is a new address

ASHA ID: _____

Check area(s) of certification:

CCC-A CCC-SLP

Name: _____ Previous Name(s) Used: _____

Address: _____

Home Phone: _____ Street _____ City _____ State _____ Zip _____
Work Phone: _____

E-mail: _____ Fax Number: _____

You will receive notification of your compliance status within 90 days of receipt of the Compliance form.

Do not submit a Record Keeping form or documentation of attendance at this time.

You will be notified if you are selected for the audit no later than 90 days after receipt of the completed Compliance form. *If you are notified that your activities will be audited, you will be asked to submit a Record Keeping form and documentation of attendance.*

If you are selected for the audit and your CE Registry Transcript documents three (3) ASHA CEUs during your maintenance interval, you will not be required to submit a Record Keeping form and documentation of attendance.

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

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 the Code of Ethics of the American Speech-Language-Hearing Association.
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 compliance with the certification maintenance standard and payment of the annual certification fees, I will cease using the designation CCC-A and/or CCC-SLP and will not display the Certificate of Clinical Competence.

Signature _____ Date _____

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