



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## CERTIFICATION MAINTENANCE COMPLIANCE FORM

### Instructions

1. Print this form
2. Complete all information
3. Sign at the bottom
4. Submit your form via mail or fax: ASHA  
2200 Research Blvd. #313  
Rockville, Maryland 20850  
301-296-8569

### Please provide current, accurate information:

\_\_\_\_\_ Check here if this is a new address                  Compliance Interval \_\_\_\_\_

ASHA ID: \_\_\_\_\_                  Check area(s) of certification:  
 CCC-A             CCC-SLP             Dual

Name: \_\_\_\_\_                  Previous Name(s) Used: \_\_\_\_\_

Address: \_\_\_\_\_  
    Street                                  City                                  State                                  Zip

Daytime Phone: \_\_\_\_\_                  Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### 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 \_\_\_\_\_