APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN AUDIOLOGY (CCC-A) – 2012 STANDARDS

Instructions

- Submit a complete application for the CCC-A, which includes:
  - **Four-page application form**: Pages 1–3 must be completed and signed by the applicant. Submission of partial applications will delay processing.
  - **Disclosure questions/affidavits**: Answer all three disclosure questions and include explanations and appropriate disclosure documents for any questions to which you answered “yes.” Sign and date the affidavit section. All certified documentation must have been obtained no more than 6 months prior to the submission of, or date of, the certification application. For more information visit [http://www.asha.org/Certification/Certification-Standards-for-Aud--Certification-Application-Disclosure/](http://www.asha.org/Certification/Certification-Standards-for-Aud--Certification-Application-Disclosure/).
  - **Verification by program director**: Verification, on page 4, must be completed and signed/dated by the program director and must include the date that course work and clinical practicum requirements for ASHA certification were completed.
  - **Official graduate transcript or letter from the registrar**: Your institution’s registrar must verify the degree awarded and date awarded or a transcript may be submitted. The transcript must be original, but does not need to arrive directly from the institution. Applicants for the CCC-A must have: 1) a doctoral degree, and 2) a graduate degree from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).
  - **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 a **passing score from the Praxis exam in Audiology** received by ASHA directly from the Educational Testing Service (ETS). ASHA must be designated as a score recipient. 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.

- Make and retain copies of all documents prior to submitting them to the ASHA National Office. Copies of documents are not available once certification has been awarded.

- Carefully review the application and required documents prior to submission to be certain that all sections have been completed. Incomplete applications will require additional time for review.

- 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 application materials and payment have been received at the ASHA National Office. Each time that you submit additional documents after the initial review (due to corrections or incomplete or missing documents), additional review time will be required.

Certification will be awarded only after ASHA’s Certification Department has verified that all requirements of the standards, including the earning of a doctoral degree, have been met.

Visit [http://www.asha.org/Certification/2012-Audiology-Certification-Standards/] for further application information.
APPLICATION FOR CERTIFICATION AND MEMBERSHIP
2012 AUDIOLOGY 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

Ms. __________________________
Mrs. __________________________
Mr. __________________________
Miss __________________________
Dr. __________________________

Name:
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 and Current Affiliation

I am applying for (Please [✓] the appropriate category):
[ ] Certificate of Clinical Competence in Audiology (CCC-A) and ASHA Membership
[ ] CCC-A (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 Speech-Language Pathology (CCC-SLP) and ASHA Membership
[ ] CCC-SLP (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 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 (See appendix)</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 2010</td>
<td>05 2013</td>
<td>University, USA</td>
<td>Audiology</td>
<td>06/12/2013</td>
<td>AuD</td>
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</tbody>
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ASHA 2012 Audiology Standards for Clinical Certification

Revised 6/2016
Name of Applicant: ____________________________________________________
(Please print)

(4) Examination Information
I have taken and passed the Praxis Series examination in audiology 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
1. Have you ever been convicted; been found guilty; or entered a plea of guilty or nolo contendere 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.
   - Please 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 or expunged by a court or agency, 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.
- 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.

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)

2012 Standards for Clinical Certification in Audiology
Verification by Program Director

Please respond to each question. The applicant must have met each standard in order to be awarded certification.*

□ Yes  □ No  Completed a course of study that addresses the knowledge and skills necessary to independently practice in the profession of audiology. (Std. I)

□ Yes  □ No  Been granted a doctoral degree from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. II)

□ Yes  □ No  Completed a course of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. Supervision was provided by individuals who held the ASHA Certificate of Clinical Competence (CCC) in Audiology. (Std. III)

□ Yes  □ No  Knowledge delineated in Foundations of Practice (Std. IV. A1-A21)

□ Yes  □ No  Knowledge and skills delineated in Foundations of Practice (Std. IV. A22-29)

□ Yes  □ No  Knowledge and skills delineated in Prevention and Identification (Std. IV. B1-B6)

□ Yes  □ No  Knowledge delineated in Assessment (Std. IV. C1)

□ Yes  □ No  Knowledge and skills delineated in Assessment (Std. IV. C2-C11)

□ Yes  □ No  Knowledge and skills delineated in Intervention (Treatment) (Std. IV. D1-D7)

□ Yes  □ No  Knowledge and skills delineated in Advocacy/Consultation (Std. IV. E1-E3)

□ Yes  □ No  Knowledge and skills delineated in Education/Research/Administration (Std. IV. F1-F6)

□ Yes  □ No  Met the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills. (Std. V-A)

*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)

Signature ____________________________  Date _____ / _____ / ______

Date course work and clinical practicum requirements for ASHA certification were completed _____ / _____ / ______
CHARGE AUTHORIZATION FORM

- Please submit payment in full, U.S. currency only, with your application. Dues and fees are non-refundable.
- 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 Audiology 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