

The Standards for the Certificate of Clinical Competence
in Speech-Language Pathology are shown in bold.
The Council For Clinical Certification implementation procedures follow each standard.

Standard I: Degree

Effective January 1, 2005, the applicant for certification must have a master's or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director, or the official designee, of the graduate program indicating the degree date, and (b) an official transcript showing that the degree has been awarded. Individuals educated in foreign countries must show official transcripts and evaluations of their degrees and courses to verify equivalency.

All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.

Automatic Approval. If the graduate program of study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills requirements have been met, approval of the application is automatic provided that the application for the Certificate of Clinical Competence is received in the National Office no more than three years after the degree is awarded. Applicants eligible for automatic approval must submit an official graduate transcript that verifies the date the graduate degree was awarded.

Evaluation Required. The following categories of applicants must submit a completed application for certification that includes the Knowledge and Skills Acquisition (KASA) summary form for evaluation by the Council For Clinical Certification (CFCC):

- a. those who apply more than three years after the completion of the graduate degree from a CAA-accredited program;
- b. those who were graduate students and were continuously enrolled in a CAA program that had its accreditation withdrawn during the applicant's enrollment;
- c. those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that held candidacy status for accreditation;
- d. those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that was not accredited at the time the individual was enrolled, but which became accredited at a later date;
- e. those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in speech-language pathology in a CAA program, but: 1) received a graduate degree from a program not accredited by CAA, 2) received a graduate degree in a related area, or 3) received a graduate degree from a non-U.S. institution of higher education.

The graduate program director must verify satisfactory completion of both undergraduate and graduate academic course work, clinical practicum, and knowledge and skills requirements.

Applicants requiring evaluation must submit both graduate and undergraduate transcripts for all courses being submitted for certification purposes.

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Standard II: Institution of Higher Education

The graduate degree must be granted by a regionally accredited institution of higher education.

Implementation:

The institution of higher education must be accredited by one of the following: Commission of Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; or Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges.

Individuals educated in foreign countries must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants educated in foreign countries must meet each of the Standards that follow.

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Standard III: Program of Study – Knowledge Outcomes

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, or thesis/dissertation. The minimum of 36 hours of course work at the graduate level must be in speech-language pathology. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have been completed.

Standard III-A: The applicant must have prerequisite knowledge of the biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Implementation:

The applicant must demonstrate through transcript credit (which could include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Appropriate course work in biological sciences could include, among others, biology, general anatomy and physiology, neuroanatomy and neurophysiology, and genetics. Course work in physical sciences could include, among others, physics and chemistry. Course work in behavioral sciences could include, among others, psychology, sociology, and cultural anthropology. Course work in math could include, among others, statistics and non-remedial mathematics. The intent of this standard is to require students to have a broad liberal arts and science background. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) cannot be applied for certification purposes in this category. Methodology courses, such as methods of teaching mathematics, may not be used to satisfy the mathematics requirement. In addition to transcript credit, applicants may be required by their graduate program to provide further evidence of meeting this requirement.

Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Implementation:

This standard emphasizes the basic human communication processes. The applicant must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders,

including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- **articulation**
- **fluency**
- **voice and resonance, including respiration and phonation**
- **receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities**
- **hearing, including the impact on speech and language**
- **swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)**
- **cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)**
- **social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)**
- **communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)**

Implementation:

The applicant must demonstrate the ability to integrate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental,

and linguistic and cultural correlates of the disorders.

Implementation:

The applicant must demonstrate the ability to integrate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III-C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Implementation:

The applicant must demonstrate knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation must reflect course work, workshop participation, instructional module, clinical experiences, and independent projects.

Standard III-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

Implementation:

The applicant must demonstrate comprehension of the principles of basic and applied research and research design. In addition, the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

Standard III-G: The applicant must demonstrate knowledge of contemporary professional issues.

Implementation:

The applicant must demonstrate knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program

accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

Standard III-H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

Implementation:

The applicant must demonstrate knowledge of state and federal regulations and policies related to the practice of speech-language pathology and credentials for professional practice. Documentation could include course modules and instructional workshops.

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Standard IV: Program of Study—Skills Outcomes

Standard IV-A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

Implementation:

The applicant's program of study should follow a systematic knowledge- and skill-building sequence in which basic course work and practicum precede, insofar as possible, more advanced course work and practicum.

Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation:

The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum are

consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professionals (ICHP) in order to meet this standard.

Standard IV-C: The applicant for certification in speech-language pathology must complete a minimum for 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation:

Observation hours general precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several

students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services—that is, 30 and 45 minutes respectively, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation:

A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation:

Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements and should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation:

The applicant must demonstrate direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

- a. Conduct screening and prevention procedures (including prevention activities).
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet client/patient needs.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation:

The applicant must document the acquisition of the skills referred to in this Standard applicable across the nine major areas listed in Standard III-C. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. This documentation must be maintained and verified by the program director of official designee.

For certification purposes, only direct client/patient contact may be applied toward the required minimum of 375 clock hours of supervised clinical experience.

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Standard V: Assessment

The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through on-going formative assessment of knowledge and skills.

Implementation:

Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Therefore, to ensure that the applicant pursues the outcomes stipulated in Standard III and Standard IV in a systematic manner, academic and clinical educators must have assessed developing knowledge and skills throughout the applicant's program of graduate study. Applicants may also be part of the process through self-assessment. Applicants and program faculties should use the on-going assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation of strategies for acquisition of knowledge and skills.

The applicant must adhere to the academic program's formative assessment process and must maintain records verifying on-going formative assessment. The applicant shall make these records available to the Council for Clinical Certification upon its request. Documentation of formative assessment may take a variety of forms, such as checklists of skills records of progress in clinical skill development, portfolios, and statements of achievement of academic and practicum course objectives, among others.

Standard V-B: Summative Assessment

The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation:

Summative assessment is a comprehensive examination of learning outcomes at the culmination of professional preparation. Evidence of a passing score on the ASHA-approved national examination in speech-language pathology must be submitted to the National Office by the testing agency administering the examination. Acceptable exam results are those submitted for initial certification in speech-language pathology that have been obtained no more than 5 years prior to the submission of the certification application.

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Standard VI: Speech-Language Pathology Clinical Fellowship

After completion of academic course work and practicum (Standard IV), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

Implementation:

The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice. At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct client/patient contact, consultations, record keeping, and administrative duties. For example, in a 5-hour work week, at least 4 hours must consist of direct clinical activities; in a 15-hour work week, at least 12 hours must consist of direct clinical activities; in a 35-hour work week, at least 28 hours must consist of direct clinical activities.

The SLPCF may not be initiated until completion of the graduate course work and graduate clinical

practicum required for ASHA certification. Fellowships that are completed more than 5 years prior to submission of the application for certification are not acceptable.

It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology to provide the requisite on-site and other monitoring activities mandated during the SLPCF experience. Before beginning the SLPCF, the Clinical Fellow must contact the ASHA National office to verify the mentoring SLP's certification status. The mentoring SLP must hold ASHA certification throughout the SLPCF period. Should the certification status of the mentoring SLP change during the experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is, therefore, incumbent on the Fellow to verify the mentoring SLP's status not only at the beginning of the experience but also at the beginning of each new year.

A family member or individual related in any way to the clinical fellow may not serve as a mentoring SLP.

Standard VI-A: The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Fellowship (SLPCF), based on the Clinical Fellow's academic experiences, setting-specific requirements, and professional interests/goals.

Implementation:

The Clinical Fellow and mentoring SLP will determine outcomes and performance levels in a goal-setting conference within four weeks of initiating the SLPCF. It is the Clinical Fellow's and the mentoring SLP's responsibility to each retain documentation of agreed-upon outcomes and performance levels. The mentoring SLP's guidance should be adequate throughout the SLPCF to permit the CF to achieve the stated outcomes, and to ensure that the Clinical Fellow can function independently by the completion of the SLPCF. At the conclusion of the experience, the Clinical Fellow will submit the Clinical Fellowship Report and Rating Form to the Council For Clinical Certification (CFCC). Prior to submitting documentation to the CFCC, the Clinical Fellow and mentoring SLP should make copies of all forms for their files.

Standard VI-B: The Clinical Fellow and mentoring SLP must engage in periodic assessment of the Clinical Fellow's performance, evaluating the Clinical Fellow's progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.

Implementation:

Assessment of performance may be both formal and informal means. The Clinical Fellow and mentoring SLP should keep a written record of assessment processes and recommendations. One means of assessment must be the Clinical Fellowship Report and Rating Form.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the clinical fellow's work site (1 hour = 1 on-site observation; a maximum of 6 on-site observations may be accrued in one day). At least 6 on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the clinical fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation.

Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.

On very rare occasions the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC *before* the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

Standard VI-C: The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.

Implementation:

Full-time clinical practice is defined as a minimum of 35 hours per week in direct client/patient contact, consultations, record keeping, and administrative duties relevant to a bona fide program of clinical work. The Clinical Fellowship experience must total no less than 1,260 hours, accumulated within 48 months of the beginning date of the experience.

Professional experience of less than 5 hours per week does not meet the requirement and may not be counted toward the SLPCF. Similarly, experience of more than 35 hours per week cannot be used to shorten the SLPCF to less than 36 weeks. *NOTE: Clinical Fellows are strongly urged to contact their state regulatory agency/state licensing board to determine licensure requirements for the Clinical Fellowship. State licensure requirements may differ from those for ASHA certification. Failure to comply with state requirements may lead to fellowship experience that is considered invalid for licensure.*

Once initiated, the Clinical Fellowship experience must be completed within 4 years (48 months). Clinical Fellows working less than full-time should be aware that they will need to extend their experience for a longer period of time to meet the CF requirement of 1,260 hours. If the CF is not completed within 48 months of initiation, the Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of reapplication.

Standard VI-D: The Clinical Fellow must submit evidence of successful completion of the Speech-Language Pathology Clinical Fellowship (SLPCF) to the Council For Clinical Certification.**Implementation:**

Once the Clinical Fellow has accumulated the requisite 1,260 hours, the SLPCF Report and Rating Form [PDF], which includes the Clinical Fellowship Skills Inventory (CFSI), must be submitted. This report must be completed by both the Clinical Fellow and mentoring speech-language pathologist.

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Standard VII: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. The renewal period will be three years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:

Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. Individuals will be subject to a random review of their professional development activities.

If renewal of certification is not accomplished within the 3-year period, certification will lapse. Reinstatement of certification will be required, and certification standards in effect at the time of submission of the reinstatement application must be met.

In preparation, accrual and submission of the professional development activities during the certification maintenance interval, all activities must be guided by adherence to the ASHA Code of Ethics.

Continued professional development may be demonstrated through one or more of the following options:

- Accumulation of 3 Continuing Education Units (CEUs) (30 contact hours) from continuing education providers approved by ASHA. ASHA CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals).
- Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET).
- Accumulation of 2 semester credit hours (3 quarter-hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or

governmental accreditation authority.

- Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.

The ASHA Clinical Certification Standards define professional development as an instructional activity

- where the certificate holder is the learner;
- that is related to the science or contemporary practice of speech-language pathology, audiology, and/or the speech/language/hearing sciences;
- that results in the acquisition of new knowledge and skills or the enhancement of current knowledge and skills necessary for independent practice in any practice setting and area of practice;
- where the certificate holder is responsible for determining that the professional development activity is appropriate, relevant and meaningful to any practice setting and area of practice;
- in which the certificate holder's attendance can be documented by a third party such as an employer, educational institution, or sponsoring organization.

If you were initially certified (or reinstated):	You'll need 30 hours of professional development between:
After January 1, 2005	January 1 (of the year following your certification effective date) and December 31 (three years from that date)
<p><i>Example:</i> Certified anytime in 2009</p> <p>Certified anytime in 2010</p>	<p><i>Example:</i> First maintenance interval will be between January 1, 2010 and December 31, 2012. Next interval begins January 1, 2013.*</p> <p>First maintenance interval will be between January 1, 2011 and December 31, 2013. Next interval begins January 1, 2014.*</p>

* Certification maintenance is an ongoing process; once you successfully complete your current maintenance interval, another will be assigned for you in which you'll repeat the same certification maintenance requirements until, for example, you retire and become inactive or no longer desire to remain certified. Your next maintenance interval is determined by several key factors: 1) timely completion of your professional development hours, 2) timely completion of your certification maintenance form, 3) keeping current on your dues every year, and 4) the possibility that you may request a one-time change of your maintenance interval (causing your next interval to begin sooner than previously scheduled).

Please note: If certification is not maintained through payment of annual dues/fees and timely completion of professional development hours, certification will lapse and, should certification be reinstated, a new interval would be assigned.

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