



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP) 2005 STANDARDS

### Instructions

1. Complete and submit the following:
  - **Four-page application form (under the 2005 standards):** pages 1–3 to be completed and signed by the applicant; page 4 to be completed and signed by the director of the graduate academic program, and must be the original page from the application with the ASHA logo (blank or altered copies will not be accepted. **All 4 pages must be from *this* 2005 standards application and submitted together;** partial applications and applications containing pages for standards other than 2005 will delay processing.
  - **Full payment** in the form of a check or charge authorization (page 5). Visa, MasterCard, or Discover are accepted. If paying by check, please make payable to ASHA.
  - **Official transcript** from your institution showing course work completed for certification, and verifying the degree awarded and date conferred.
    - If you are applying *within 3 years of graduation*: graduate transcript or a letter from the registrar verifying that all degree requirements have been met.
    - If you are applying *more than 3 years after graduation*: undergraduate and graduate transcripts.
2. Please complete the application form in black ink.
3. Applications must bear the original signature of the applicant, and either an original or an electronic signature of the director of the graduate academic program. Applications not meeting these requirements are considered as incomplete and will delay the award of certification.
4. Please make and retain copies of all documents prior to submitting them to the ASHA National Office. Copies of documents are not available once certification is awarded.
5. Please carefully review the application prior to submission to be certain that all sections have been completed. Incomplete applications will be returned to the applicant.
6. Please mail application with full payment to:

American Speech-Language-Hearing Association  
PO Box 1160 #313  
Rockville, MD 20849

**Application review time is approximately 4 to 6 weeks from the date all required materials are received. Certification cannot be awarded until we have verified that all requirements of the standards have been met.**



**APPLICATION FOR CERTIFICATION AND MEMBERSHIP  
2005 SPEECH-LANGUAGE PATHOLOGY 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 Name: Brittany Lynn Rosati  
Mrs First Middle Previous Last  
Mr  
Miss  
Dr Mailing Address: 2021 Circle Drive  
Alliquippa PA 15001  
City State Zip

Social Security Number: XXX-XX-2395 Date of birth: 04/26/1992

Daytime phone number: 724-561-5357 Evening phone number: 724-561-5357

E-mail address: Brit.rosati@gmail.com Fax number: \_\_\_\_\_

**(2) Application Category and Current Affiliation**

I am applying for (Please [] the appropriate category):

- Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) and ASHA Membership
- CCC-SLP (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 Audiology (CCC-A) and ASHA Membership
- CCC-A (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 ASHA membership  Yes  No

**(3) Education** – Official transcripts must be submitted by all applicants. Complete information below for your undergraduate and graduate institutions.

Institution Code	Education Began		Education Completed		Institution Name	Major	Date Degree Awarded	Degree
	Mo	Yr	Mo	Yr				
Ex. R0291	08	2010	05	2013	ABC University, USA	SLP	06/12/2013	MS
RA0234	08	2010	05	2014	Clarion University	SLP	05/10/2014	MS
RA0354	06	2014			Clarion University	SLP		MS



Name of Applicant: Brittany Rosati  
(Please print)

**(4) Examination Information**

I have taken and passed the Praxis Series examination in speech-language pathology 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
- 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
  - 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
- 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
  - 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: Brittany Rosati  
(Please print)

3. Have you ever been 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?

Check one: [ ] Yes [X] 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 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 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: Brittany L. Rosati Date: 04 / 16 / 14



Name of Applicant: Brittany Rosati (Please print)

**2005 Standards for Clinical Certification in Speech-Language Pathology  
Verification by Program Director**

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

- Yes  No Has a master's or doctoral degree. A minimum of 75 semester credit hours were completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology. (Std. I)
- Yes  No Initiated and completed all graduate course work and graduate clinical practicum in an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Std. I)
- Yes  No Completed a course 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 knowledge and skills outcomes. (Std. III)
- Yes  No Has demonstrated knowledge of the principles of biological sciences, physical sciences, mathematics, and social/behavior sciences. (Std. III. A.)
- Yes  No Has demonstrated knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. (Std. III. B.)
- Yes  No Has demonstrated knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological. Acoustic, psychological, developments, and linguistic and cultural correlates in the nine areas noted in the standard. (Std. III. C.)
- Yes  No Possesses knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders. (Std. III. D.)
- Yes  No Has demonstrated knowledge of the standards of ethical conduct. (Std. III. E.)
- Yes  No Has knowledge of processes used in research and the integration of research principles into evidence-based clinical practice. (Std. III. F.)
- Yes  No Has demonstrated knowledge of contemporary professional issues. (Std. III. G.)
- Yes  No Has demonstrated knowledge about certification, specialty recognition, licensure, and other relevant professional credentials. (Std. III. H.)
- Yes  No Has completed a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G. (Std. IV. A.)
- Yes  No Possesses skills in oral and written and other forms of communication sufficient for entry into professional practice. (Std. IV. B.)
- Yes  No Has completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, including 25 hours in clinical observation and 375 hours in direct client/patient contact. (Std. IV. C.)
- Yes  No Has completed at least 325 clock hours while engaged in graduate study. (Std. IV. D.)
- Yes  No Has been supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence, and was sufficient to ensure the welfare of the client/patient populations. (Std. IV. E.)
- Yes  No Has gained knowledge and experience with individuals from culturally/linguistically diverse backgrounds and with client/patient populations across the life span. (Std. IV. F.)
- Yes  No The applicant has met the academic 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 Speech-Language Pathology](#) on the ASHA website, or contact the ASHA Action Center for assistance at 800-498-2071.

Brittany Rosati  
Name of Applicant (please print)

0021 Circle Drive  
Address

Aliquippa PA USA 15001  
City State Country Zip/Postal Code

724-561-5357 724-561-5357  
Telephone Number (Daytime) Telephone Number (Evening)

Brit. Rosati@gmail.com  
E-mail Address

I wish to pay by:  MasterCard  Discover  VISA

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Account number Expiration date

Brittany L Rosati  
Name of Cardholder (as it appears on the card)

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

Brittany L. Rosati 04 1 16 14  
Signature of Cardholder Date