**Five-Year Renewal Form**

Board Certification as a Child Language Specialist must be renewed every five years. To maintain Board Certification, complete and submit this form verifying that you have met the requirements specified in the Manual of Policies & Procedures.

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| Name and Credentials (as you would like it to appear publicly): |
|  |

|  |
| --- |
| Name of Employer and Full Address: |
|  |
|  |

|  |  |
| --- | --- |
| ASHA # |  |

I am maintaining documentation of my completion of 100 hours of intermediate- or advanced-level continuing education in child language and language disorders within the past five years should I be audited. \_\_\_\_\_\_\_ (initial).

|  |  |
| --- | --- |
| Work Email: | Work Phone: |
|  |  |

|  |
| --- |
| Home Full Address (for records purposes only): |
|  |

|  |  |
| --- | --- |
| Personal Email: | Home Phone: |
|  |  |

|  |
| --- |
| Cell Phone: |
|  |

Check all of the activities related to child language and language disorders in which you participate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** |  | **Supervision** |  |
| **Treatment** |  | **Research** |  |
| **Consultation** |  | **Volunteer Service** |  |
| **Administration** |  | **Mentorship** |  |
| **Teaching** |  | **Other** |  |

By payment of your annual renewal fee and submission of this completed Five-Year Renewal Form, you affirm that you have met all requirements for Board Certification in Child Language renewal and verify that your Certificate of Clinical Competence is active.

|  |  |
| --- | --- |
| Applicant e-Signature: | Date: |
|  |  |