

A Practical Guide

FOR SPEECH-LANGUAGE PATHOLOGISTS, STUDENTS, AND ASSISTANTS



Understanding Licensure, the CCC, ASHA Membership, CEUs, and Advocacy

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Why This Manual Exists

Speech-language pathologists are often given incomplete or unclear information about professional requirements, credentials, and advocacy. Students and clinicians are frequently expected to navigate licensure, certification, continuing education, and employment expectations without clear explanations of what is legally required versus what is optional.



Goal

The goal of this manual is not to direct clinicians toward or away from any credential. The goal is to ensure clinicians understand what options exist so they can make informed decisions.

This manual exists to provide plain-language explanations of:

- State licensure versus professional certification
- ASHA membership and the Certificate of Clinical Competence (CCC)
- Continuing education requirements
- Employer and payer expectations
- Advocacy pathways that directly impact working conditions and access to care

Informed Decisions Strengthen the Profession

Speech-language pathology is regulated primarily at the state level, while many professional norms are shaped by a national organization. When these systems overlap without clear distinction, confusion can lead to fear-based decision making, unnecessary financial burden, and barriers to care. When clinicians understand what is legally required, what is organizational policy, and what is optional, they are better equipped to advocate for themselves, their clients, and the sustainability of the profession.

A Note to Students and New Graduates

If these distinctions were not clearly explained in your academic program, you are not alone. This manual is designed to help you ask informed questions early in your career, before assumptions become obligations. Understanding systems and policies is not unprofessional. It is a core component of ethical practice.

DISCLAIMER

Important Information About the Use of This Manual

This manual is intended for educational and informational purposes only.

- It does not constitute legal advice
- It does not replace guidance from state licensing boards, Medicaid agencies, or employers
- Requirements vary by state, payer, and practice setting

Readers are strongly encouraged to verify requirements directly with their state licensing board, confirm payer-specific rules with Medicaid or insurance providers, and request written policies from employers when credentialing expectations are unclear.

This manual is not affiliated with, endorsed by, or published by ASHA. It reflects publicly available information and professional experience. Regulations and policies may change, and this document should be treated as a starting point rather than a final authority.

SECTION 1

Licensure, ASHA Membership, and the CCC Are Not the Same Thing

- 1. State Licensure**
State licensure is the **legal credential** that allows an individual to practice speech-language pathology in that state. Licenses are issued and regulated by state governments through licensing boards. Licensure determines scope of practice, ethical accountability, and legal authority to work.
- 2. ASHA Membership**
ASHA membership provides access to journals, voting rights, and discounts. ASHA does not allow practicing clinicians to purchase membership without also holding the CCC. Membership-only technically exists, but it is limited to non-practicing individuals such as researchers, administrators, or retirees.
- 3. Certificate of Clinical Competence (CCC)**
The CCC is a **voluntary** professional certification issued by ASHA. It is a certificate, not a license, and it **does not grant legal authority to practice**. The CCC is not universally required for employment or reimbursement and is optional in many states and settings. The CCC does not provide CEUs, liability insurance, reimbursement increases, or legal authority. It is a professional optional credential maintained through recurring fees.

What This Means in Practice

For practicing clinicians, the structure works as follows:

- If you want ASHA membership benefits, you must also purchase and maintain the CCC.
- There is no lower-cost membership-only option for clinicians who are actively practicing.
- The CCC functions as a required product gatekeeper for access to membership benefits.

This structure is often misunderstood because membership and certification are frequently discussed together, even though they are separate products.

SECTION 1

ASHA's Categories

Certified Member

Cost : \$250

Includes: Membership benefits (discounts, access to journals, voting) and the Certificate of Clinical Competence

Certified Non-Member

Cost : \$221

Includes: Certificate of Clinical Competence

Membership- Only

Cost : \$90

Includes: Membership benefits (discounts, access to journals, voting)

Critical clarification:

Membership-only is **not** available to practicing clinicians. It is limited to individuals who are **not providing clinical services**, such as researchers, administrators, or retirees. As a result, practicing SLPs cannot access ASHA membership benefits unless they also purchase and maintain the CCC. *OTs and PTs can be members-only of their national association, but SLPs cannot.*

Certified Non-Members Important Note:

This option is often selected by clinicians who need the CCC for an employer or payer but do not wish to engage in ASHA membership activities. **You can still supervise students and new graduates with this option.** ***To change to certified non-member, you can call or email the action center and request to change to non-member. If you drop membership but want it back, you can always switch back to certified member.

SECTION 1

Why This Distinction Matters

Some clinicians may find value in the benefits that ASHA offers. However, under ASHA's current structure, clinicians who believe in the value of membership must also purchase a significantly more expensive certification product (the CCC) in order to access those benefits.

This is not a commentary on whether membership or certification is worthwhile. It is a clarification of how access is structured so clinicians can make informed financial and professional decisions.

Key Takeaways

- ASHA membership and the CCC are different products.
- Practicing clinicians cannot purchase membership alone.
- Access to membership benefits requires purchasing and maintaining certification.
- Understanding this structure allows clinicians to separate personal values from credentials.

Section 2

State Licensure Is What Allows You to Practice

In most states, the process to obtain a state license mirrors the requirements to obtain the CCC. These commonly include a graduate degree, supervised clinical experience, and passing the Praxis exam.

Because these requirements overlap, many clinicians assume the CCC is legally required. **Licensure is what legally authorizes practice.**

Steps to Obtain State Licensure



Steps to Obtain CCC



Section 2

The issue: ASHA language embedded in state licensure laws

Many state licensing boards have adopted ASHA's terminology when referring to the temporary or provisional licensure period and often call it the CFY.

The problem?

CFY is an ASHA-branded term, not a legal licensure requirement. When states use this language, it creates widespread confusion.

Why this causes confusion (and harm)

When SLPs see "CFY" in licensure laws, many assume:

- The CCC is required to complete this period
- The supervisor must hold the CCC
- ASHA is legally involved in state licensure

In many states, none of this is true.

In reality:

- The state license (not the CCC) is what grants legal authority to practice
- Many states do not require the CCC for supervision to obtain full licensure
- State licensure requirements are often equal to or more rigorous than the pathway to purchase the CCC.

The language blurs the line between certification and licensure, making an optional credential feel mandatory.

Section 2

The issue: ASHA language embedded in state licensure laws

Why the language matters

Words shape behavior.

When state laws use ASHA-branded terms:

- Employers are under the impression that the CCC is required for licensure supervision
- New grads feel trapped into paying for the CCC
- Access to supervisors and jobs becomes unnecessarily limited
- States unintentionally reinforce a private organization's brand in public law

This is not transparency. It's confusion.

What SLPs can do right now

1. Check your state licensing board's laws and regulations
 - Look specifically at:
 - Temporary/provisional licenses
 - Supervision requirements
 - Supervisor qualifications
2. Don't assume "CFY" = CCC
 - Read the actual legal requirements—not employer policy or tradition
3. Educate others
 - Share accurate information with students, new grads, supervisors, and employers

Section 2

Path Forward: Clarifying Licensure Language

A meaningful and achievable path forward is to update the language used in **state licensure laws and regulations** to remove ASHA-branded terminology when it is not legally required.

Specifically, states should reconsider the use of the term “Clinical Fellowship Year (CFY)” when referring to the temporary, provisional, or supervised licensure period. *While commonly used, “CFY” is a term created and owned by ASHA and is associated with its voluntary certification process, not state licensure.*

Replacing this terminology with neutral, descriptive language would improve clarity and transparency. Examples include:

- Supervised practice period
- Provisional licensure period
- Supervision year
- Independent practice year

Using profession-agnostic language helps:

- Clearly distinguish state licensure from private certification
- Reduce confusion for students, new graduates, employers, and supervisors
- Prevent unnecessary barriers to supervision and employment
- *Ensure state laws remain independent of any private organization’s branding*

This change does not lower standards, it simply improves accuracy and access.

Section 2

Call to Action: Advocacy at the State Level

SLPs, students, and supervisors play a critical role in improving licensure clarity. Readers are encouraged to:

1. Review their state's licensing laws and administrative rules, particularly sections addressing temporary or provisional licensure and supervision requirements.
2. Identify whether ASHA terminology (e.g., "CFY") is used, and whether it creates confusion or misrepresents legal requirements.
3. Contact their state licensing board and/or state legislators to request updated, neutral language that accurately reflects licensure requirements.
4. Emphasize the impact of confusing terminology, including restricted access to supervisors, misinformation among students, and unnecessary financial pressure on new clinicians.
5. Recommend best practices for state licensure supervision, including:
 - a. Establish clear supervision expectations
 - i. Regular scheduled supervision meetings
 - ii. Constructive feedback and skill development
 - b. Supervision should be documented in a way that reflects actual mentoring and oversight
 - c. To attract and retain qualified supervisors, incentives should be built into supervision models, such as offering continuing education credit for supervision activities
 - d. If your state requires the CCC for supervision, advocate with your state board and/or legislators to remove this requirement. The CCC is only necessary for supervision when a new graduate is pursuing the CCC.

Clear licensure language benefits not only clinicians, but also employers, regulators, and the public they serve.

Section 2

Template Letter for Licensing Boards or State Representatives

Subject: Request to Update Licensure Language Regarding Supervised Practice Period

Dear [Licensing Board Member / Representative Name],

I am writing as a licensed speech-language pathologist (or graduate student / supervisor) in the state of [State] to request a review of the language used in our licensure laws and regulations regarding the temporary or provisional licensure period. Currently, this period is often referred to as the "Clinical Fellowship Year (CFY)." While widely used, the term "CFY" is associated with ASHA's voluntary certification process and is not, in many cases, a legal requirement for state licensure. The use of this ASHA-branded terminology in state law has led to significant confusion among applicants, employers, and supervisors.

As a result, many individuals incorrectly assume that:

- ASHA certification is required to obtain a full state license, and/or
- Supervisors must hold the CCC, even when state regulations do not require it.

This confusion can unnecessarily restrict access to qualified supervisors, limit employment opportunities, and place financial pressure on new graduates—all without improving public safety or professional standards.

I respectfully request that the [Board / Legislature] consider updating the language used in statute and administrative rules to reflect neutral, descriptive terminology such as "supervised practice period," "provisional licensure period," or similar language that accurately reflects the state's licensure requirements.

Clarifying this terminology would improve transparency, reduce barriers to entry into the profession, and help ensure that state licensure remains clearly distinct from private certification programs.

Thank you for your time and consideration. I would welcome the opportunity to provide additional information or participate in further discussion on this issue.

Sincerely,

[Your Name]

[Your License Type, if applicable]

[City, State]

Section 2

Why state licenses must include strong supervision requirements

As conversations continue about changing or eliminating post-graduate supervision requirements for state licensure, it is important to understand the unintended consequences of weakening supervision standards.

Supervision exists to protect clients, support new clinicians, and ensure safe clinical practice. SLP graduate programs award an academic degree, not a clinical degree. As a result, programs are designed to meet the minimum supervised clinical hours required for graduation, with the expectation that additional supervised experience occurs after graduation.

Currently, the pathway to obtain a state license and the CCC is nearly identical. Both rely on post-graduate supervised practice to bridge the gap between academic training and independent clinical work. This parallel structure is not accidental.

If states allow full licensure immediately upon graduation without a standardized supervision period, several things are likely to happen:

- Employers will seek alternative ways to assess clinical readiness
- The CCC may become the preferred or required credential for employment
- The CCC gains power as the only structured post-graduate supervision pathway
- ASHA retains influence over supervision despite it being unnecessary for licensure

In this scenario, eliminating state-level supervision does not increase clinician autonomy. Instead, it risks making the CCC the superior or default credential, even though it is an optional product sold by a non-profit organization.

If states move toward full licensure upon graduation, they must also establish strong, standardized supervision requirements at the state level. Without this, the system shifts power away from public licensing boards and toward a private certification program (CCC).

Section 2

Why strengthening state license supervision matters

Graduate programs currently provide the minimum clinical hours (400 hours) required for graduation, relying on post-graduate supervision (1,260 hours) to complete a clinician's training. This structure exists in part because ASHA oversees both:

- The CAA (Council on Academic Accreditation), which accredits university programs
- The CFCC (Council for Clinical Certification), which sets standards for the CCC and supervision

Because these systems are housed within the same organization, the current model continues to protect the relevance of the CCC. Requiring all supervised clinical hours to be completed within graduate programs would remove the need for post graduate supervision. Because the CCC depends on post graduate supervision as part of its certification process, such a change would reduce the relevance of the CCC. For this reason, substantial changes to accreditation standards are unlikely under the current system.

In theory, universities could:

- Expand programs to include all required supervised clinical hours
- Create pathways that eliminate the need for post-graduate supervision

However, these changes are unlikely under the current structure and would raise serious concerns.

Extending graduate programs by an additional year or increasing required coursework would:

- Increase financial burden on students
- Disproportionately impact marginalized and underrepresented groups
- Worsen access and diversity issues in a field that already struggles with inclusion

For these reasons, strengthening supervision at the state licensing level, rather than expanding academic programs or defaulting to private certification, is the most equitable and ethical solution.

What SLPs Can Advocate For

To protect both clinicians and clients, SLPs can advocate for:

- Standardized post-graduate supervision requirements tied to state licensure
- Clear supervision expectations, documentation, and mentorship requirements
- Recognition and support for supervisors, including CE or PD credit
- Policies that keep supervision within public licensing systems, not private products

Strong state supervision laws reduce reliance on optional certifications and ensure that clinical competence is supported through transparent, accountable systems.

Section 2

Interstate Compact (ASLP-IC)

The Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) is a formal agreement among participating states that allows licensed audiologists and speech-language pathologists to practice in other member states through a streamlined process called a compact privilege.

Under the compact, if your home state is a member and you hold an active, unencumbered state license, you can apply for a privilege to practice in other compact states without applying for a full license in each state.

Importantly, the ASLP-IC does not require the CCC. You only need:

- An active state license in a member state
- An accredited degree
- Completed supervised clinical experience and a national exam
- A supervised post-graduate professional experience (for SLPs)
- No disqualifying criminal history
- A valid Social Security Number or National Practitioner Identifier

Holding the CCC or equivalent is not a requirement to participate in the compact itself. Compact eligibility is tied to **state licensure, not ASHA certification.**

However, each state still retains authority over its own licensure requirements. If a compact member state chooses to require the CCC for its own state license, that requirement remains outside the jurisdiction of the compact. In other words, the compact cannot override any state's licensure laws.

The compact is being implemented gradually as states enact the model legislation and align their systems. As of late 2025, dozens of states have adopted compact legislation, and licensed SLPs in some states have begun to receive compact privileges to practice in other member states. The ASLP-IC can increase professional mobility, support telepractice across state lines, and reduce the administrative burden of obtaining multiple full licenses, without requiring the CCC.

Section 3

Continuing Education Requirements Explained

CEUs vs PDHs Quick Summary.

ASHA certification maintenance uses PDHs, not CEUs

You need 30 Professional Development Hours (PDHs) every 3 years to maintain the CCC

1 PDH = 1 hour of professional development

ASHA- approved CEUs are not required when repurchasing the CCC.

ASHA-approved CEUs are just one way to earn PDHs

You do not need ASHA-approved courses unless a specific state license requires them.

CEUs vs PDHs

- 1 ASHA CEU = 10 hours
- PDHs are broader and include many types of learning activities
- State license requirements vary
- Some states accept CEUs, PDHs, or contact hours
- Some states have topic-specific requirements

Always check your state licensing board, not ASHA, for license renewal rules

Key takeaway

State licensure and ASHA certification are separate. Meeting ASHA's CCC continuing education requirements does not automatically mean you are meeting state license requirements, and vice versa.

Section 3

Continuing Education Requirements Explained

Continuing Education Submission

Clinicians are not required to submit continuing education to ASHA unless they are audited. Clinicians are responsible for tracking and retaining their own records.

ASHA-Approved CEUs

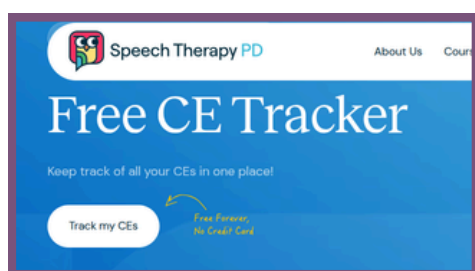
ASHA does not require CEUs to be ASHA-approved. However, some state licensing boards do require ASHA-approved CEUs. Clinicians must verify their state-specific licensure requirements.

ASHA approval does not determine the quality or evidence base of a course.

Many high-quality courses are not ASHA-approved.

Best practice is to track continuing education independently, retain certificates for multiple years, and confirm state license requirements.

Free Ways to Track Courses



**Free CE Tracker at
SpeechTherapyPD.com**

	A	B	C	D	E
1	Date	Title of Course	Provider	Hours Earned	Certificate
2					
3					
4					
5					
6					

Create a google sheet

- Upload your certificate to your google drive
- Copy the link of the certificate
- Right click in the cell, select Insert Link, paste the link from google drive

Section 3

Continuing Education Continued

ASHA ACE Awards and Continuing Education

ASHA offers an Award for Continuing Education (ACE Award) to recognize individuals who complete a high number of continuing education hours within a specific time period. The ACE Award does not represent an advanced certification, specialization, or additional scope of practice. It is simply recognition that a clinician has completed a large volume of continuing education.

In order to qualify for an ACE Award:

- Continuing education must be tracked through ASHA's CE Registry
- Enrollment in the CE Registry requires an additional fee
- A separate fee is required to receive the ACE Award certificate

Clinicians who complete the same amount of continuing education but do not pay for the CE Registry or award fee are not eligible for the ACE Award, even though the learning itself still occurred.

It is also important to note that:

- Employers generally do not require or request ACE Awards
- ACE Awards are not required for state licensure
- ACE Awards do not impact reimbursement or legal authority to practice

The ACE Award is an optional recognition product offered by ASHA and should not be confused with licensure, certification, or required professional qualifications.

Section 4

Information Employers May Find Helpful

The CCC is a **voluntary** professional certification issued by a nonprofit professional association. It is not a license and is not issued by a government entity. In many states and settings, **state licensure** alone is sufficient for legal practice, payer credentialing, and ethical accountability. Before requiring the CCC, employers may consider whether it is required by state law, required by payers, or necessary beyond licensure. Requiring credentials beyond legal necessity can limit the workforce, delay hiring, and reduce access to care.

Questions Employees Can Ask Employers About CCC Requirements

Many employers list the Certificate of Clinical Competence (CCC) as a requirement without fully examining whether it is legally or operationally necessary. The questions below are designed to encourage thoughtful discussion and clarification, not confrontation.

Employees may choose to ask some or all of these questions depending on their role, comfort level, and employment setting.

Questions About Legal Requirements

- Is the CCC required by state law for this position, or is a state license sufficient?
- Has the organization confirmed whether the CCC is legally required for this role with the state licensing board?
- If the CCC is listed as required, can the organization identify the regulation or statute that mandates it?

Questions About Payer and Billing Requirements

- Does the CCC affect our ability to bill Medicare, Medicaid, or private insurance?
- Which payers, if any, explicitly require the CCC for reimbursement in this setting?
- Has the organization verified payer requirements at the state level rather than assuming ASHA requirements apply?

Section 4

Information Employers May Find Helpful

Questions About Scope of Practice and Supervision

- Does holding the CCC change an employee's scope of practice compared to a state licensed SLP?
- Is the CCC required for supervision in this setting, or does the state license define supervision eligibility?
- Are supervision requirements tied to ASHA certification or to state licensure rules?

Questions About Hiring and Workforce Impact

- Has the organization considered how requiring the CCC affects recruitment and retention?
- Would removing the CCC requirement expand the pool of qualified applicants?
- Are there current employees who are licensed and competent but excluded solely due to not holding the CCC?

Questions About Policy and Equity

- Is the CCC requirement an internal policy or a legal necessity?
- Has the organization reviewed whether requiring an optional certification creates financial barriers for employees?
- Would the organization consider listing the CCC as preferred rather than required if it is not legally mandated?

Questions About Documentation and Transparency

- Can the organization provide written clarification of which credentials are required and why?
- Who is responsible for reviewing and updating credential requirements as regulations change?
- How often are these requirements reevaluated to ensure they remain accurate?

Suggested Employer Language:

Applicants must hold an active state SLP license. National certification is welcomed but not required unless mandated by law or payer.

Section 5

Medicaid, Insurance, and the CCC

Payer requirements vary by state and insurer. Some states and insurers credential based on licensure alone. Others may include additional requirements. Clinicians should verify payer rules directly with Medicaid offices or insurers rather than relying on assumptions or employer tradition.

Medicare vs Medicaid

Medicare is a federal health insurance program. Because it is federally regulated, Medicare does not require speech language pathologists to hold the CCC in any state. ***This means that Medicare does not require the CCC anywhere in the United States.***

Medicaid, in contrast, is a state administered program that follows federal guidelines but allows states to set additional provider requirements. As a result, Medicaid credentialing requirements for speech language pathologists vary by state. Some states require the CCC, while most do not, and these requirements can change over time through state level policy decisions. 4 5

For this reason, clinicians should always verify Medicaid requirements at the state level rather than assuming that Medicare and Medicaid have the same credentialing rules.

Private Insurance

Private insurance requirements for speech language pathology services are payer specific and vary by company, plan, and state. In many cases, private insurance plans do not explicitly require the CCC. Instead, they typically require that services be provided by a properly licensed speech-language pathologist within the state where services are rendered. supervised education courses

However, some private insurers or individual plans may include language that references ASHA's CCC. These requirements are not universal and should never be assumed.

Because of this variability, clinicians and employers should:

- Review payer manuals and provider enrollment documents carefully
- Look for specific language related to licensure versus certification
- Confirm whether the CCC is explicitly required or simply listed as preferred
- Avoid assuming that ASHA certification requirements automatically apply to private insurance billing

Employer policies often list the CCC as required for private insurance billing without verifying payer language. This can unnecessarily restrict hiring and reduce access to care.

Section 6

Supervising Graduate Students and New Graduates: What SLPs and Universities Should Know

Supervision requirements in speech-language pathology are often misunderstood, particularly when it comes to the role of ASHA certification. Much of this confusion comes from blending together two separate entities within ASHA that serve very different purposes.

The Council on Academic Accreditation (CAA) is the body responsible for accrediting university speech-language pathology programs. Universities must comply with CAA standards in order to maintain accreditation. These standards focus on curriculum, clinical experiences, faculty qualifications, and program outcomes. **The CAA does not require students to pursue or purchase the CCC.**

The Council for Clinical Certification (CFCC) is the body that creates and administers ASHA's certification program. Participation in the CFCC program is **optional**. Universities are **not required** to align their programs exclusively with CFCC certification pathways in order to remain accredited by the CAA, *although the majority choose to do so.*

Because CAA accreditation and CFCC certification are separate, universities have the ability to create two clear pathways within their programs:

Students who plan to pursue
and purchase the CCC

Students who do not plan to purchase
the CCC and instead plan to practice
under state licensure only



Section 6

Supervising Graduate Students and New Graduates: What SLPs and Universities Should Know

For students who do not intend to pursue the purchase of the CCC, supervisors are not required to hold the CCC unless a specific state law or regulation requires it. In these cases, supervision can be provided by licensed speech-language pathologists who meet **state supervision requirements, even if they do not hold the CCC.**

Many state licenses also **do not require the CCC to supervise** during the provisional license period. The requirement to have a CCC-holding supervisor typically applies only when a clinician is completing supervision specifically for ASHA certification purposes.

Clear separation of accreditation, certification, and licensure responsibilities allows universities to better support student choice, reduce misinformation, and ensure that students understand the difference between what is required to practice and what is optional.

IMPORTANT NOTE

Certified Non-members, individuals who hold the CCC but are not ASHA members, are permitted to supervise graduate students and new graduates under ASHA certification rules.

Section 7

What Students and New Graduates Are Rarely Told

Graduate programs often present the CCC as the default path without clearly explaining alternatives. Supervision requirements are set by states, not ASHA, and many states allow supervised practice without CCC involvement. The Clinical Fellowship Year (CFY) is an ASHA construct, not inherently a legal requirement. **However, many state laws refer to a provisional license as a “CF” or “CFY,” which has caused widespread confusion, leading SLPs to believe they must complete ASHA’s CFY to obtain full licensure.** In many states, the provisional license itself satisfies supervised practice requirements. Employer requirements are often copied from other postings and may not reflect legal necessity. Asking questions during interviews is professional and appropriate.

Guidance for Graduate Students

How to Ask Questions and Start Honest Conversations

Graduate programs play a critical role in shaping how future SLPs understand licensure, certification, and professional responsibility. Many programs strongly recommend the Certificate of Clinical Competence pathway, often without clearly explaining alternatives or state-specific variability.

This section is designed to help students ask informed questions and engage in professional dialogue, even when faculty hold strong preferences.

Understanding Faculty Perspective

Many professors:

- Were trained when the CCC was established before state licenses
- Have spent their careers holding the CCC
- May not be actively practicing under current state or payer rules
- Often aim to protect students from employment barriers

Recognizing this context can help students approach conversations with respect rather than defensiveness.

Section 7

Principles for Productive Conversations

Before initiating discussion, keep these principles in mind:

- Ask for clarification, not permission
- Frame questions around law, policy, and evidence
- Use neutral language
- Emphasize informed decision making
- Acknowledge faculty expertise

Your goal is understanding, not debate.

Questions Graduate Students Can Ask Universities

About Licensure and Certification

- Is the CCC legally required to practice speech-language pathology in this state?
- Which requirements come from state law versus ASHA policy?
- Are there states or settings where licensure alone is sufficient?
- Where can students verify state licensure requirements independently?

About Employment and Payers

- Which employment settings truly require the CCC, and why?
- Are these requirements based on payer rules, employer policy, or tradition?
- How do requirements differ between schools, private practice, hospitals, and early intervention?
- Are students taught how to ask employers about credentialing requirements?

About Supervision and the CF

- Does our state require ASHA's Clinical Fellowship, or supervised practice under provisional licensure?
- Can supervision occur without CCC involvement?
- How do supervision requirements differ by state?

Section 7

Questions Graduate Students Can Ask Universities Continued

About Continuing Education

- Are ASHA-approved CEUs required by our state license?
- How are students taught to track CEUs independently?
- What happens during an audit?

About Costs and Long-Term Planning

- What are the recurring costs of licensure, certification, and membership?
- Are students shown a full financial breakdown beyond graduation?
- How do credential costs impact early-career clinicians?

How to Phrase Questions Respectfully

Students can use neutral language such as:

"Can you help me understand the difference between licensure and certification in our state?"

"What requirements come from law versus professional association policy?"

"Are there situations where the CCC is optional, depending on setting or payer?"

"Where can I verify this information directly with the licensing board?"

These questions invite explanation rather than challenge authority.

If You Encounter Resistance or Bias

If faculty respond with statements such as:

"Everyone needs the CCC."

"You will not get hired without it."

"This is not something you need to worry about."

Students can respond with:

"I want to make an informed decision based on law and payer requirements."

"Could you point me to the regulation or policy that requires this?"

"I am interested in understanding all pathways so I can plan responsibly."

Section 7

Questions Graduate Students Can Ask Universities Continued

Protecting Yourself as a Student

Students should:

- Document advising conversations when important decisions are discussed
- Verify information independently with state licensing boards
- Avoid framing questions as opposition to the program
- Seek multiple perspectives when possible
- Asking questions is not unprofessional. It reflects critical thinking and ethical responsibility.

A Reassuring Note to Students

It is acceptable to:

- Ask for clarity
- Seek verification
- Understand your options
- Plan for your future thoughtfully
- ***You are not required to adopt a pathway simply because it is presented as the default.***

Key Takeaways for Graduate Students

- Professional maturity includes understanding systems, not just following tradition. Informed clinicians are better clinicians.
- For many new graduates, pursuing the CCC initially may be practical since the pathway overlaps with state licensure. As careers progress, clinicians can reassess whether maintaining the CCC aligns with their practice setting, location, and supervision goals.

Section 7

Cost Breakdown: CF to CCC

ASHA's certification and membership fees operate on a calendar year, not an academic or licensure year. This timing affects how much you pay and how long your membership lasts.

Applications submitted between **September 1 and December 31** are processed for the current year but include membership and certification through the following year, effectively covering up to 16 months depending on timing.

Applications submitted between **January 1 and August 31** may qualify for ASHA's New Professional Membership Package, which provides up to 24 months of membership for the price of 12 months.

Application Categories and Costs

Certification and ASHA Membership: \$490

This fee includes:

- Initial application for the CCC
- ASHA membership
- Certification fees

Complete a 9
month
supervised
experience

Pay a fee

Take
continuing
education
courses

This is the option if you want access to member benefits. **Reminder:** membership cannot be purchased alone by practicing clinicians without also purchasing certification.

Certification Without ASHA Membership: \$446

This option is the purchase of the CCC without ASHA membership.

Important notes:

- You still pay for certification
- You do not receive member benefits

This highlights that access to membership benefits is tied to purchasing certification.

Section 7

Cost Breakdown: CF to CCC

NSSLHA Conversion: \$240

Available only if:

- You were a National NSSLHA member for two consecutive years
- You apply by August 31 of the year following graduation

Important Clarification: NSSLHA Conversion Cost

While the NSSLHA Conversion rate is often described as a discount, it requires paid NSSLHA membership for two consecutive years to qualify.

- NSSLHA membership costs \$60 per year
- Two years of required membership totals \$120
- The conversion fee itself is \$240

Total cost to access the NSSLHA Conversion pathway: approximately \$360
This means the reduced ASHA application fee is partially offset by required pre-graduation membership costs. Students should factor this into their overall financial planning rather than viewing the conversion as a free or automatic discount.

month
supervised
experience

Pay a fee

continuing
education
courses

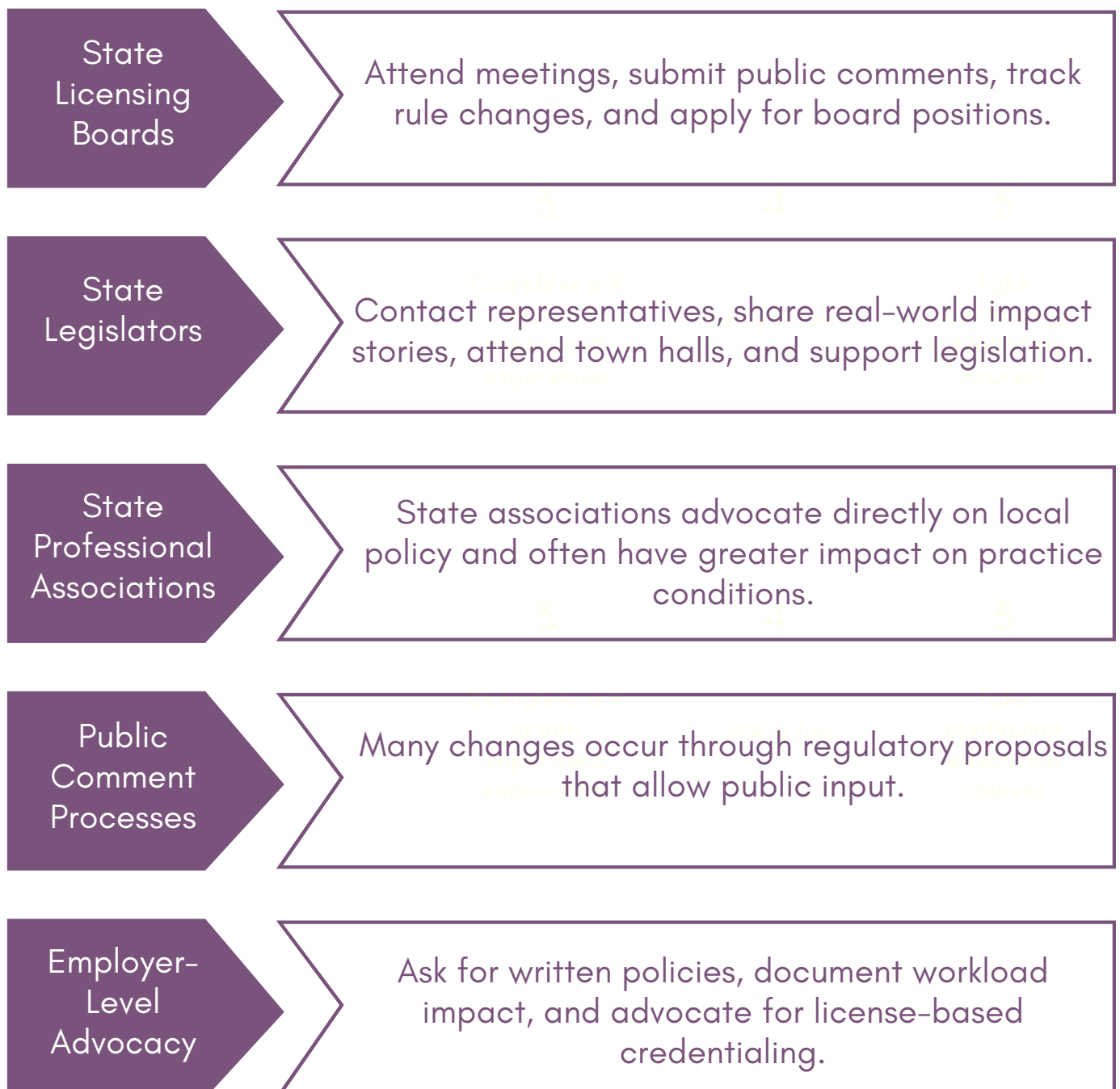
Section 8

Advocacy Happens at the State Level

Many of the issues SLPs care most about are state-controlled, including caseload caps, reimbursement rates, Medicaid policy, licensure rules, and telepractice regulations.

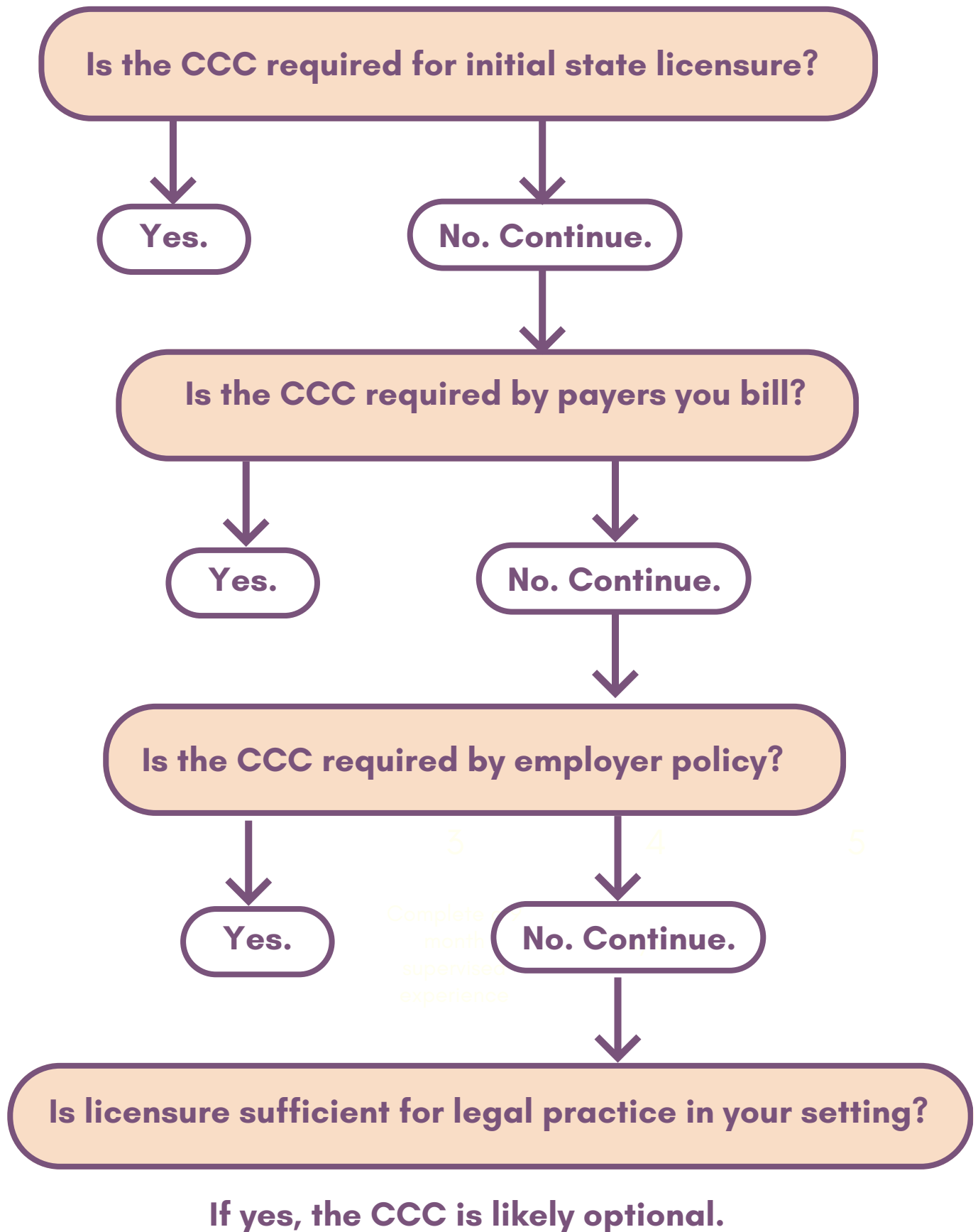
A national organization cannot effectively advocate for all state-specific issues.

Where Change Happens



Section 9

Do I Need the CCC?



Section 10

Reinstating the CCC

If you decide to let your the CCC lapse or resign it, you can apply to reinstate it later. ASHA refers to this process as reinstatement of the CCC-SLP. Eligibility and requirements depend on how long your certification has been inactive or expired.

When Reinstatement Applies

Reinstatement is available if your CCC status is:

- Expired due to nonpayment of fees or noncompliance with maintenance requirements
- Resigned or Retired
- Revoked or Withheld due to ethics sanctions (in this case you must first petition the ASHA Board of Ethics before reinstatement)

You cannot present yourself as holding the CCC again until ASHA has reviewed and approved your reinstatement application.

Complete a 9
month
supervised
experience

Pay a fee

Take
continuing
education
courses

3

4

5

Complete a 9
month
supervised
experience

Pay a fee

Take
continuing
education
courses

Section 10

Steps to Reinstating the CCC

1

Determine Eligibility

Review ASHA's reinstatement policies and procedures before applying. You must meet all current reinstatement criteria before submitting your application.

2

Complete Required Professional Development Hours (PDHs)

ASHA requires proof of professional development activity completed within specific timeframes based on how long your CCC has been inactive.

- Expired for 1 year or less: 10 PDHs completed no more than 12 months before application
- Expired 1-2 years: 20 PDHs completed no more than 3 years before application
- Expired 2 years or more: 30 PDHs completed no more than 3 years before application

Record the title, provider, date, and number of hours for each activity as part of your application.

**** Reminder: If you are maintaining your state license, you should already be meeting the CEU requirements.**

3

Praxis Exam Requirement

If your CCC-SLP has been expired for more than 1 year, you must provide official confirmation from the Educational Testing Service (ETS) that you passed the Praxis Speech-Language Pathology exam no more than 5 years before applying. If it's been more than 5 years, you need to retake the Praxis. If your CCC expired 1 year or less when you decide to reinstate, the Praxis score is not required.

Section 10

Steps to Reinstating the CCC Continued

4

Submit the Reinstatement Application

Complete and submit the online reinstatement application through your ASHA account.

5

Pay the Reinstatement Fee

Fees are required at the time of application. Fees are updated periodically, and the amounts below are current as published on ASHA's website:

CCC-SLP with ASHA membership: Approximately \$400

CCC-SLP without ASHA membership: Approximately \$371

6

Wait for Review

ASHA typically takes 4 to 6 weeks to review your reinstatement application and documentation. Certification will be reinstated only after all requirements are verified.

4 to 6
month
supervised
experience

Pay a fee

5
continuing
education
courses

Section 11

SLPAS

Information for Speech Language Pathology Assistants

Speech Language Pathology Assistants are a critical part of service delivery and are often left out of conversations about credentialing, licensure, and professional options. This section is intended to clarify common misconceptions and provide accurate information for SLPAs and supervising SLPs.

SLPA Licensure vs ASHA Certification

In states that recognize SLPAs, legal authority to work as an SLPA comes from a state license or state registration, not from ASHA.

ASHA offers an optional SLPA certification, which is a credential sold by a nonprofit professional association. This certification is not required by law to work as an SLPA unless a specific employer or state regulation explicitly requires it.

Holding ASHA's SLPA certification does not replace the need for a state SLPA license, and not holding it does not invalidate a state issued license.

Is ASHA SLPA Certification Required?

In most cases, no.

- Most states that license or register SLPAs do not require ASHA SLPA certification
- Employers may list ASHA certification as preferred or required, but this is an employer policy, not a legal requirement
- ASHA certification does not grant additional legal scope of practice beyond what the state allows

SLPAs should always verify requirements directly with their state licensing board, not assume ASHA certification is required.

Section 11

SLPAS

Supervision of SLPAs

Supervision requirements for SLPAs are determined by state law and regulation.

- States define who can supervise an SLPA
- States define supervision ratios, frequency, and documentation
- ASHA certification status alone does not override state supervision rules

In many states, an SLP does not need to hold the CCC to supervise an SLPA as long as they meet state licensure and supervision requirements.

Continuing Education for SLPAs

Continuing education requirements for SLPAs vary by state.

- Some states require continuing education for SLPA license renewal
- Some states specify acceptable course types or topics
- ASHA approved courses are typically not required unless a state explicitly states otherwise

SLPAs are responsible for tracking and maintaining documentation that meets their state requirements, not ASHA's certification maintenance standards unless they voluntarily hold ASHA certification.

Section 11

SLPAS

Cost and Choice Considerations

ASHA certification for SLPAs includes:

- Initial application fees
- Ongoing maintenance fees
- Continuing education tracking requirements

Because this certification is optional in most states, SLPAs should consider:

- Whether certification is legally required in their state
- Whether employers truly require it or simply list it by default
- Whether the cost provides meaningful benefit for their career goals

Key Takeaway for SLPAs

- State licensure or registration is what allows you to work
- ASHA SLPA certification is optional
- Employer requirements are not the same as legal requirements
- Informed choice matters

SLPAs deserve clear information, transparency, and respect as professionals. Understanding the difference between licensure and optional certification allows SLPAs to make decisions that are financially and professionally responsible.

FAQ Sheet

Legal Requirements

Q: Do I need the CCC to practice as a speech language pathologist?

A: In most states, the legal authority to practice comes from a state license, not the CCC. The CCC is a voluntary certification offered by a nonprofit organization and is not required to practice unless a specific employer, payer, or state regulation requires it.

State License vs CCC

Q: Is the CCC the same thing as my state license?

A: No. A state license is a legal requirement to practice and is issued by a state licensing board. The CCC is an optional certification issued by ASHA. They are separate credentials with separate rules and requirements.

Medicaid / Medicare

Q: Do I need the CCC to bill Medicare?

A: No. Medicare is a federal program and does not require the CCC in any state.

Q: Do I need the CCC to bill Medicaid?

A: It depends on the state. Medicaid is a state administered program and requirements vary by state. Some states require the CCC and others do not.

Supervision

Q: Can Certified Nonmembers supervise?

A: Yes. Individuals who hold the CCC but are not ASHA members can supervise students and new graduates under ASHA certification rules.

CEUs

Q: Do I need ASHA approved CEUs to maintain my license?

A: Usually no. Most state licensing boards do not require ASHA approved courses. They typically require a certain number of continuing education hours that are relevant to practice. Always check your state licensing board requirements.

Q: Do I have to submit CEUs to ASHA?

A: No. Clinicians who hold the CCC are required to complete professional development requirements, but they do not routinely submit CEUs or PDHs to ASHA. ASHA operates on an honor system. Documentation of continuing education is only submitted to ASHA if you are selected for an audit. In that case, clinicians must provide proof that they completed the required professional development activities during the certification maintenance interval.

Conclusion and Next Steps

This manual was created to increase clarity, transparency, and informed decision making within the speech-language pathology profession.

When clinicians understand the difference between licensure, certification, membership, and policy, they are better equipped to:

- Advocate for themselves and their clients
- Engage thoughtfully with employers and institutions
- Support sustainable access to services
- Mentor students and early-career clinicians

This information is not intended to divide the profession. It is intended to strengthen it through knowledge. Every clinician deserves accurate information. Every student deserves informed consent. Every employer deserves clarity.

Permission to Share

You are encouraged to:

- Share this manual with students, colleagues, employers, and educators
- Use it for educational and advocacy purposes
- Distribute the full document in its original form

You may not:

- Remove attribution
- Present this work as your own
- Modify content and redistribute it as an original work
- Sell or monetize this material

If excerpts are shared, proper credit must be given.



Knowledge is not a threat to the profession. It is its foundation.

Thank you for engaging thoughtfully, sharing responsibly, and advocating for clarity.

~Elizabeth Nielsen, MA SLP



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Thank you!

References and Source Materials

The information in this manual is based on publicly available policies, regulations, and guidance from professional organizations, licensing boards, and regulatory bodies. Requirements and policies may change over time. Readers are encouraged to review original sources and confirm current requirements with their state licensing board, employers, and payers.

American Speech-Language-Hearing Association (ASHA)

- ASHA Certification and Membership Fees and Categories
- Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Standards
- Council on Academic Accreditation (CAA) Accreditation Standards
- ASHA Professional Development Hours (PDHs) and Continuing Education Registry
- ASHA Supervision Requirements for Students and Clinical Fellows

State Licensure and Regulation

- Individual state speech-language pathology licensing boards
- State statutes and administrative codes governing licensure and supervision
- State Medicaid provider manuals and enrollment criteria

Federal Programs

- Medicare provider eligibility requirements for speech-language pathologists

Interstate Practice

- Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)
- Official information regarding compact eligibility, licensure requirements, and compact privileges

Education and Supervision

- University graduate program accreditation standards
- State supervision requirements for graduate students and post-graduate clinicians

Important Note for Readers

This manual is an educational resource intended to support informed decision-making. It does not constitute legal advice. Clinicians, students, and employers should always verify requirements with appropriate regulatory agencies and payers.