



Complete and return to ASHA by mail or email as listed below.

ASHA ID: _____ ASHA Certificate Type: C-AA C-SLPA

Name: _____ Previous Name(s) Used: _____

Address: _____
Street City State Zip

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

By signing and submitting this affidavit, I acknowledge that I wish to resign my Assistants Certification. My signature below provides the assurance that I understand I am changing my certification status and that I have read and agree to abide by all the following requirements:

1. The resignation of my C-AA or C-SLPA certification, which will change my certification status to *not certified*, will be made available to the public.
2. I will cease using C-AA or C-SLPA upon confirmation of my *not certified* status.
3. My current affiliation with ASHA will be terminated and any fees paid will not be refunded.
4. If I want to become certified again, I will need to go through the certification reinstatement process and my application will be subject to reinstatement procedures in effect at the time of the request.

I affirm that the information provided on this affidavit is accurate.

Signature _____ Date _____