



American Board of Fluency and Fluency Disorders

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Board Certified Specialist-Fluency

FIVE-YEAR RENEWAL CLINICAL ACTIVITY FORM

Please see page 2 of this form for specific information regarding the parameters of Clinical Activity for the five-year renewal process.

Name: Organization:	Professional Address: Suite: City, State, Zip Code:
Home Address: City, State, Zip Code:	Daytime Phone: Email: Website: ASHA #:

I attest that over the past 5 years I have obtained a **minimum of 500**

clock hours of active involvement in Clinical Activity within the area of fluency and fluency disorders, with application of no more than 100 clock hours of Indirect Clinical Activity within the area of fluency and fluency disorders.

Signature _____ **Date** _____

Clinical Activity Parameters for Five-Year Renewal

- ✓ Documentation of a *minimum of 100 hours per year of Clinical Activity*

- ✓ Clinical Activity may include *both Direct and Indirect Clinical Contact Hours* within the area of specialization (see definitions of Direct and Indirect Clinical Activity below)

- ✓ *Indirect Clinical Contact Hours may not exceed 20 hours per year*

Direct Clinical Contact	Indirect Clinical Contact
<p>-Providing services in identification, prevention, assessment & intervention</p> <p>-Serving in a treatment-related supervisory capacity, and/or</p> <p>-Serving as a consultant in case-based programs or situations</p>	<p>-Program Development</p> <p>-Presentations</p> <p>-Publications</p> <p>-Teaching</p>