



American Board of Fluency and Fluency Disorders

Board Certified Specialist-Fluency APPLICATION FORM

Name:		
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Fax: ()	Date of Application:	
ASHA #		

I have provided the following to document my *eligibility* for BCS-F Application:

- Verification of Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language Hearing Association (ASHA) and Copy of current ASHA membership card

- Verification of 450 Hours of Direct Clinical Activity
 - Minimum 5 years full-time equivalent clinical experience post CCC providing Direct Clinical Activity in the area of fluency and fluency disorders (See [***BCS-F Application Verification of Direct Clinical Activity Form***](#))

563 Carter Court, Suite B
Kimberly, WI 54136
FAX: (920) 882-3655
Email: info@stutteringspecialists.org

-A current curriculum vitae is enclosed (This alone is required if in private practice)

- Submission of three Letters of Recommendation (See [***BCS-F Application Letter of Recommendation Form***](#))
- Verification of 100 hours or 10 CEUs (See [***BCS-F Applicant Continuing Education Form***](#)) including attached official ASHA CE Transcript
- A check made payable to the American Board of Fluency and Fluency Disorders (ABFFD) for \$200.00 (*US dollars*)

Applicant Signature

Date