



American Board of Fluency and Fluency Disorders

Board Certified Specialist--Fluency Retired and Life-Time Member Application

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|--|---|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: () | Email: | |
| Fax: () | Date of Application: | |
| <p>Please check the following if correct:</p> <p><input type="checkbox"/> I am <i>currently</i> a BCS-F OR</p> <p><input type="checkbox"/> I was a BCS-F (BRS-FD) at the time of my retirement _____</p> <p><input type="checkbox"/> I was a BCS-F (BRS-FD) for at least ten years (<i>not necessarily consecutive</i>) _____</p> <p><input type="checkbox"/> I am 65 years of age or older OR</p> <p><input type="checkbox"/> I have been an ASHA Certified Member for at least 25 years</p> <p>Please check one</p> <p><input type="checkbox"/> Please list me as Life-Time (I am currently seeing patients and maintain my ASHA CCCs).</p> <p><input type="checkbox"/> Please list me as Retired (I am no longer seeing patients and do not currently have my ASHA CCCs).</p> | <p>Please verify you have enclosed the following with this form:</p> <p><input type="checkbox"/> I have enclosed a copy of my driver's license or birth certificate OR</p> <p><input type="checkbox"/> I have provided documentation confirming my ASHA Certification for at least 25 years _____</p> <p><input type="checkbox"/> I have enclosed a check payable to the ABFFD for \$50.00 (<i>US Dollars</i>)</p> <p>**Please note: you must continue to maintain the same status with ASHA in order to maintain the same member status with the ABFFD.**</p> | |