



# American Board of Fluency and Fluency Disorders

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## Board Certified Specialist – Fluency FIVE-YEAR RENEWAL & DUES Form

Please complete the following form and send it to the above address along with the dues payment and other required documentation (see list below).

<b>Name:</b>  <b>Organization:</b>	<b>Professional Address:</b>  <b>City, State, Zip Code:</b>  <b>Phone:</b>
<b>Email:</b>  <b>Website:</b>  <b>ASHA #:</b>	<b>Home Address:</b>  <b>City, State, Zip Code:</b>  <b>Phone:</b>

- I have enclosed a copy of my current ASHA membership card.
- I have enclosed payment of my annual fee of \$110.00 (Payable to the ABFFD).
- I have completed 10 (100 hours) ASHA approved CE Activities at the intermediate and/or advanced level over the five-year period and documented them on the attached BCS-F Five-Year Continuing Education Form.
- I have enclosed a copy of my official ASHA Continuing Education transcript.