



SPERO STUTTERING, INC.

Name:
Address:
Email Address:
Employer/Address:
Work Email Address (if different):
Work Phone Number:

In order to obtain the Ally of Stuttering™ Seal, you must submit proof of the following along with this completed form:

1. Current Certificate of Clinical Competence
2. Current State Licensure (if license required in state of residence)
3. Ten (10) continuing education or professional development hours in the area of fluency disorders obtained by current, research-based source(s) within the past 2 years.
4. Proof of attendance at a reputable conference, convention, and/or camp for people who stutter, and/or proof of participation in regional/local self-help groups or an organized event in the stuttering community within the past 2 years.

If you already hold the Ally of Stuttering™ Seal, you must provide proof of the following:

1. Current Certificate of Clinical Competence
2. Current State Licensure (if license required in state of residence)
3. Five (5) continuing education or professional development hours in the area of fluency disorders obtained by current, research-based source(s) in the last year since obtaining the Ally of Stuttering™ Seal.

Please complete log on next page.



SPERO STUTTERING, INC.

CEU/PD Source	Description	Date	# of hours	Documentation included?

I certify that I have met the specified requirements for the Ally of Stuttering™ Seal. I consent to allow my work contact information to be added to the listing of allies made accessible to individuals and families seeking treatment.

Signature:	Date:
------------	-------

You must scan this form and all supporting documents as ONE PDF file in the correct order. Please email the PDF document to ally@sperostuttering.org OR mail to Spero Stuttering, PO Box 897, Ottawa, KS 66067.