



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## BILINGUAL SERVICE PROVIDER DATABASE

### Registration Form

ASHA's Office of Multicultural Affairs maintains a list of bilingual service providers, including speech-language pathologists and audiologists, who identify themselves as having these skills based on the definition below. Our listing is used to maintain data on members who are bilingual and to serve as a referral source. **Please read the definition below to see if you qualify as a bilingual speech-language pathologist or audiologist. If you qualify, complete this form with your preferred contact information and return it to:**

#### ASHA

Attention: Office of Multicultural Affairs  
2200 Research Blvd.  
Rockville, MD 20850

or

Fax: (301) 296-8573

#### Definition

Speech-language pathologists and audiologists who present themselves as bilingual for the purposes of providing clinical services must be able to speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management.

To provide bilingual assessment and remediation services in the client's language, the bilingual speech-language pathologist or audiologist should possess: (a) ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals and how those processes are manifested in oral (or manually coded) and written language; (b) ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders in oral (or manually coded) and written language; (c) ability to apply intervention strategies for treatment of communicative disorders in the client's language; and (d) ability to recognize cultural factors that affect the delivery of speech-language pathology and audiology services to the client's language community.\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CCC-SLP     CCC-A     CCC-A/SLP

Language(s), in addition to English, that I have native or near native proficiency in:

\_\_\_\_\_

Yes, permission is granted to release contact information for professional referrals.

No, please do NOT release contact information for professional referrals.

\* *Asha*. (1989, March). Vol. 31, p. 93.