# Renewal Form for Advanced Competency Certificates



#### College of **Speech and Hearing** Health Professionals of BC

Regulator of Audiologists, Hearing Instrument Practitioners and Speech-Language Pathologists

# SECTION I

#### **PERSONAL INFORMATION**

Name:			
Salutation	Surname	First	Initial
Reserved Title:	Registration # :		
	(AUD /HIP / SLP)	······································	

# **SECTION II**

#### **ADVANCED COMPETENCY CERTIFICATES:**

Check and complete all the Advanced Competency Certificates that you are reapplying for and list all the Continuing Competencies Credits earned in the last three years under Section III.

- □ A) VESTIBULAR ASSESSMENT AND MANAGEMENT
- □ B) COCHLEAR IMPLANT MANAGEMENT
- C) CERUMEN MANAGEMENT
- D) HEARING INSTRUMENT DISPENSING SERVICES FOR CHILDREN (AGES 12-16 YEARS) (
- E) FIBEROPTIC ENDOSCOPIC EVALUATION AND MANAGEMENT OF VOICE DISORDERS
- F) FIBEROPTIC ENDOSCOPIC EVALUATION AND MANAGEMENT OF SWALLOWING DISORDERS
- G) VOICE RESTORATION (VOICE PROSTHESES)
- H) COMMUNICATION AND SWALLOWING ASSESSMENT AND MANAGEMENT FOR TRACHEOSTOMY
- □ I) VIDEOFLUOROSCOPIC ASSESSMENT OF ADULT SWALLOWING DISORDERS
- □ J) VIDEOFLUOROSCOPIC ASSESSMENT OF PAEDIATRIC SWALLOWING DISORDERS
- □ K) AIRWAY SECRETION MANAGEMENT (OROPHARYNGEAL AND TRACHEAL SUCTIONING)



## SECTION III - Continuing Competency Credits

Minimum of 4 credits earned per certificate within last three years. One Credit = One hour Course Work.

<u>Date</u>	<u>Credit</u>	Source

#### DECLARATION:

I, \_\_\_\_\_, DECLARE THAT I AM COMPETENT TO PRACTICE IN THE AREA(S) OF MY ADVANCED CERTIFICATES IN ACCORDANCE WITH THE CSHHPBC BYLAWS AND CODE OF ETHICS.

REGISTRANT SIGNATURE:	

# SECTION IV FEE SCHEDULE

Number of Advanced Competency Certificates :

Renewal Fee per Certificate

### **Applicable Total Payment**

GST is not applicable

\*Note: Maximum amount payable is \$50.00 regardless of the number of advanced competency certificates renewed

Please submit a cheque or money order payable to the "College of Speech and Hearing Health Professionals of BC" or CSHHPBC, for the total amount you have calculated above.

To ensure the completeness of your application, please ensure your payment is attached with this form.

Mail your renewal to:

College of Speech and Hearing Health Professionals of BC 630 - 999 West Broadway, Vancouver, BC V5Z 1K5



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