



New Graduates of Canadian or U.S. Accredited Programs

In order to apply for registration with the Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA), a new graduate is required to submit the following:

1	<input type="checkbox"/>	Application Form: Submit original, signed copy of your application for SASLPA practising membership included with this package (Appendix 1). Please ensure that this document is signed, witnessed, and dated in the areas indicated on P.4 of the form.
2	<input type="checkbox"/>	Fees: Submit fees by cheque, bank draft or money order in the amount of \$750 (includes \$150 application and \$600 registration fee) <u>in Canadian funds</u> . Currently, SASLPA does not accept credit cards or electronic payments. The fees should accompany your application.
3	<input type="checkbox"/>	<p>Original Transcripts: Have your University submit a copy of your final transcript confirming the date on which the graduate degree was conferred. Photocopies are not acceptable. Documents must be original and sent to SASLPA directly from the issuing university to SASLPA at the address below.</p> <p>Letter From the Program Director: If you have not yet convocated, your final transcripts will not yet be available. In the interim, until they are available, your Program Director or designate of the Audiology or Speech-Language Pathology program may submit a letter to SASLPA, verifying that you have completed all academic and clinical requirements of the program and verifying the date on which the graduate degree will be conferred. A fax transmission of this verification may be submitted but the original must be mailed directly to SASLPA.</p>
4	<input type="checkbox"/>	Verification of Clinical Hours: Your Program Director or designate of the Audiology or Speech-Language Pathology program must complete and sign your final clinical hours forms which detail the supervised clinical practice hours completed within your educational program. Photocopies are not acceptable. All documents must be originals and must be sent <u>directly</u> from the University.
5	<input type="checkbox"/>	<p>Further Information:</p> <ul style="list-style-type: none"> • Should your application be rejected, your membership fees will be refunded. The application fee is non-refundable. • Your initial fees payment will not be deposited until SASLPA has received sufficient documentation to issue a temporary license letter • Receipts will be issued upon finalization of your membership and will accompany your full membership package

All documents are to be forwarded to the SASLPA office at the address indicated below:

SASLPA
11 – 2010 – 7th Avenue
Regina, SK S4R 1C2

If you have further questions, please direct them to the Registrar at registrar.saspla@sasktel.net or call the SASLPA office at 306-757-3990.



Appendix 1

APPLICATION FOR PRACTISING MEMBERSHIP

1. Personal Information

Surname _____ Given Name _____ Middle Name _____

Maiden Name or Other Names (if applicable) _____ Preferred First Name (if applicable) _____

Birth Date (month/day/year) - **REQUIRED** - _____ / _____ / _____ Female Male

2. Contact Information

Address _____ City/Town _____ Province _____

Postal Code _____ Country _____ Email _____

Home Phone _____ Cell Phone _____

3. Profession

Speech-Language Pathologist Audiologist

4. Language Proficiency

First/Primary Language: _____

Language of your speech-language pathology or audiology training: _____

Other languages in which you are fluent (including ASL): _____

5. Educational Background

Degrees		Location		
_____	Major _____	Grad Year _____	University _____	Province & Country _____
_____	Major _____	Grad Year _____	University _____	Province & Country _____
_____	Major _____	Grad Year _____	University _____	Province & Country _____



6. Current Qualifications

Hours practiced as a registered speech-language pathologist or audiologist during the last 5 years:
(do not include student/practicum hours)

Year _____
Number of Hours _____

7. Employment History (SLP/Audiologist related only)

Details of last 5 years of employment as a registered speech-language pathologist or audiologist (do not include student positions)

1. _____
Employment Dates (Start to End) _____ Position _____

Employer Name

Street Address _____ City/Town _____ Province/State _____

Country _____ Telephone _____

2. _____
Employment Dates (Start to End) _____ Position _____

Employer Name

Street Address _____ City/Town _____ Province/State _____

Country _____ Telephone _____

3. _____
Employment Dates (Start to End) _____ Position _____

Employer Name

Street Address _____ City/Town _____ Province/State _____

Country _____ Telephone _____

4. _____
Employment Dates (Start to End) _____ Position _____

Employer Name

Street Address _____ City/Town _____ Province/State _____

Country _____ Telephone _____



8. Pending Saskatchewan Employment

Please check which best describes your situation in regards to employment in Saskatchewan:

Seeking work in field Not seeking work in field Have pending employment (please complete the following)

Primary Place of Employment (Institution, Clinic, Agency) Hours / week Phone Number

Street Address City/Town Province Postal Code

Work Email (optional) Supervisor's Name Anticipated Start Date

Secondary Place of Employment (Institution, Clinic, Agency) Hours / week Phone Number

Street Address City/Town Province Postal Code

Work Email (optional) Supervisor's Name Anticipated Start Date

9. Registration / Certification / Licensure

Have you previously applied for or been issued a registration number by the Saskatchewan Association of Speech-Language Pathologists and Audiologists? Yes No

Indicate other jurisdiction(s) where you are registered, certified, or licensed.

Regulatory Body/Professional Association Province/State/Country License/Certification Number Expiry Date

Regulatory Body/Professional Association Province/State/Country License/Certification Number Expiry Date

Regulatory Body/Professional Association Province/State/Country License/Certification Number Expiry Date

10. Declaration of Professional Conduct

Answer each of the questions by checking "YES" or "NO" in the box. If your answer(s) to any of the questions below is YES, please provide details on a separate sheet of paper.

- | | YES | NO |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, is either your professional conduct or your practice of speech-language pathology or audiology under investigation in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you been the subject of a finding of professional misconduct or incompetence in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have you ever been convicted of a criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> |



Saskatchewan Association of
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11. Professional Liability Insurance

Professional liability insurance is provided by the SASLPA on behalf of its practising members. Applicants are not required to submit proof of liability insurance in order to apply for registration and a practice license with SASLPA.

12. Declaration

I hereby authorize the Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA) to obtain information from other regulatory bodies, professional associations, educational institutions, present and former employers for the purposes related to my registration and qualifications.

I understand that I must be registered and hold a current practice license with SASLPA as an audiologist or speech-language pathologist in Saskatchewan to use the protected titles of the applicable profession. These include “speech-language pathologist”, “speech therapist”, “speech pathologist”, “audiologist”, “SLP”, “R.SLP”, “Aud”, and “R.Aud”.

I understand that it is my responsibility to notify SASLPA immediately of any change of name, mailing address, contact telephone number, or email address.

I will advise SASLPA immediately in writing:

- i. Should I be convicted of any offence in Saskatchewan or any other jurisdiction;
- ii. Should a finding of or proceeding for professional misconduct, incompetence or incapacity in Saskatchewan or in any other jurisdiction be made or commenced against me in relation to the profession or any other health profession;
- iii. Should I be denied registration, licensure or similar status by a regulatory body in Saskatchewan that is responsible for the regulation of another health profession or another health profession;
or
- iv. Should my registration, licensure or similar status in Saskatchewan in relation to another health profession or in any other jurisdiction in or out of Canada in relation to the profession or another health profession be revoked or suspended.

I certify that the statements made by me in this application are complete and correct. I understand that making a false or misleading statement will be considered to be an act of professional misconduct and may lead to revocation of my practice permit or other disciplinary action.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

Please sign and mail your completed application to:



#11 - 2010 7th Avenue | Regina, SK | S4R 1C2 | Canada