



COURTESY REGISTRATION APPLICATION FORM

PLEASE NOTE: If you are seeking courtesy registration in AB for reasons 5-8, you will need to request that a verification form be completed and sent to ACSLPA by the province where you hold primary registration.

SECTION 1—PERSONAL INFORMATION

Surname	DUES (Canadian Funds) <input type="checkbox"/> Purposes 1 through 4* No charge <input type="checkbox"/> Purposes 5 through 9** \$200.00 See list of purposes on page 2. Courtesy Registration is not to exceed 1 (one) year in total duration.
Given Names	
Maiden Name or Other Names (if applicable)	
Address	METHOD OF PAYMENT, as applicable (Canadian Funds) <input type="checkbox"/> E-Transfer funds to accounting@acslpa.ca . Enter 'Courtesy Registration' into the Message section. Or <input type="checkbox"/> To pay with a credit card, please call the ACSLPA office at 780-944-1609 or 1-800-537-0589 ext. 104 or 101 to proceed with a credit card payment.
City Province	
Postal Code Country	
Home Phone ()	
Email	<input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Audiologist <input type="checkbox"/> Unspecified <input type="checkbox"/> Non-binary / Two spirit
Birth Date (month-day-year)— REQUIRED - -	FOR OFFICE USE ONLY: Process Date: _____ Amount: \$ _____ Auth/Dep. Ref # _____

SECTION 2—ENGLISH LANGUAGE PROFICIENCY

- Graduation from a program accredited by the Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology (CACUP).
- Graduation from a non-CACUP university program in speech-language pathology or audiology taught in the English language.
- English language test (TOEFL or IELTS)

SECTION 3—EDUCATION

Speech-Language Pathology or Audiology Degrees		Location	
Bachelor	Year of Completion	University	Province or Country
Masters	Year of Completion	University	Province or Country
Doctorate	Year of Completion	University	Province or Country

SECTION 4—CURRENT QUALIFICATIONS

- I have practiced as an audiologist or speech-language pathologist for at least 1250 hours in the 5 years immediately preceding this application; **OR**
- I have completed my university training in audiology or speech-language pathology within 3 years preceding this application; **OR**
- I have completed a refresher education program within 3 years preceding this application (please provide details as an attachment).

SECTION 5—REASON FOR COURTESY REGISTRATION**Purpose and location of contract / presentation / workshop / other:****Start date:****End date:****NOTE: Professional Liability Insurance Declaration must be attached if direct client contact occurs****For the purpose of (check all that apply):**

- 1. conducting a speech-language pathology or audiology training course or clinical presentation at an approved site;*
- 2. conducting or engaging in an approved research program through a recognized research organization;*
- 3. conducting or engaging in an accreditation program visit;*
- 4. demonstrating equipment or techniques to be used in providing clinical care;*
- 5. completing an internship or residency (or similar on-the-job training) for the purpose of developing specific clinical skills or competencies;**
- 6. providing short-term SLP or audiology services for the purpose of ensuring continuity of care for a client who is travelling or returning to Alberta if treatment was started in the home jurisdiction;**
- 7. providing short-term SLP or audiology services to ensure continuity of care through an employer that provides services in multiple jurisdictions if the Alberta SLP or audiologist who would normally provide care is temporarily unavailable**
- 8. providing short term specialist SLP or audiology services if no local SLP or audiologist with the necessary competencies is available to provide services in a reasonable timeframe or within reasonable geographic proximity to the client, given the circumstances of the situation** , and
- 9. participating in ACSLPA's Cross Provincial Practice Agreement.**

SECTION 6—EMPLOYER OUTSIDE OF ALBERTAPrimary Place of Employment (Institution, Clinic, Agency)

Address	City	Province	Postal Code
Phone	Fax	Email (Optional)	

Secondary Place of Employment (Institution, Clinic, Agency)

Address	City	Province	Postal Code
Phone	Fax	Email (Optional)	

SECTION 7—REGISTRATION / CERTIFICATION / LICENSURE*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

SECTION 8—CONDUCT DECLARATION*Answer each of the following statements by entering 'True' or 'False' in the box.*

To the best of my knowledge neither my professional conduct nor my practice of speech-language pathology or audiology is under investigation in any jurisdiction.		I have not been subject of a finding of professional misconduct or incompetence in any jurisdiction and am not the subject of disciplinary proceedings in any jurisdiction.	
I will cease practice and notify the ACSLPA Registrar immediately if my registration in the home jurisdiction is cancelled, suspended, or has conditions imposed upon it, or if I become the subject of a complaint or investigation.		I will abide by ACSLPA regulations, practice standards, guidelines, and the ACSLPA Code of Ethics.	
I have not been convicted of a criminal offence. (If false, please specify.)		I have read and understand these declarations. The information provided on this form is true.	

Signature:**Date:**



PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS

- ACSLPA requires confirmation of professional liability insurance coverage if the purpose of registration is to provide a health service to the public in Alberta. We will accept professional liability insurance that meets the primary jurisdiction’s requirements if it is held by the individual SLP or audiologist (i.e., we will not accept employer coverage).
- If you are requesting a courtesy registration for the purpose of conducting a speech-language pathology or audiology training course or clinical presentation, you are required to provide professional liability insurance if the course/presentation extends beyond two weeks.
- Individuals offering a course or training that extends beyond a two-week period of time will also be required to provide evidence of PLI.
- If there is any doubt regarding whether insurance coverage will extend to Alberta, the courtesy registrant will be required to obtain a minimum of \$2,000,000 professional liability coverage with an extended reporting period of two years.
- Keep evidence of the policy in your own records that can be used if ACSLPA requests further documentation.

Professional Liability Insurance Declaration

Information	
Name of Policy:	
Policy and Certificate Numbers:	
Policy holder:	
Policy provider:	
Amount of coverage:	
Effective dates:	

I certify that the above information is true and accurate.

Courtesy Register Applicant (please print): _____

Signature: _____ Date: _____