



REQUEST FOR VERIFICATION OF ACSLPA REGISTRATION

Personal Information

Member Name (as it appears on Practice Permit/General Register) Registration #
Address City / Town Province
Postal Code Email
Phone Current ACSLPA Status
[ ] SLP or [ ] Audiologist

Verification of Status / Registration with ACSLPA

As applicable, includes all of the following:

- Current and previous names and ACSLPA registration number
• Contact information
• Date of first registration with ACSLPA and current status
• Current conditions on your registration or practice permit
• Any professional conduct history and/or any history of suspension or cancellation of your practice permit

Send to: \_\_\_\_\_

Delivery:

- Canadian Regulatory bodies: documents are sent by email and regular mail.
• All other recipients: documents are sent by by regular mail. You may arrange for courier service at your expense. Please contact the ACSLPA office prior to arranging a pickup time.

Fee:

- Current ACSLPA member – no charge
• Former ACSLPA member – \$30.00
• Payment – Cheque/Visa/Visa Debit/MasterCard: \_\_\_\_\_
Expiry: \_\_\_\_\_ Name as it appears on credit/debit card: \_\_\_\_\_

Authorization to release information

I hereby authorize Alberta College of Speech-Language Pathologists and Audiologists to release the information related to my registration to the regulator noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form by mail, email or fax using the information in the upper right-hand corner of this form.

FOR OFFICE USE ONLY:

Amount: \$ \_\_\_\_\_ Verification emailed: \_\_\_\_\_ Email sent to member: \_\_\_\_\_
Process Date: \_\_\_\_\_ Verification mailed: \_\_\_\_\_
Auth/ Ref #: \_\_\_\_\_ Database updated: \_\_\_\_\_