



REQUEST FOR VERIFICATION OF ACSLPA REGISTRATION

General Verification or Cross Provincial Practice Registration (200 hours maximum)

Personal Information

Member Name (as it appears on Practice Permit/General Register)

Registration #

Address

City / Town

Province

Postal Code

Email

SLP or Audiologist

Phone

Current ACSLPA Status

Verification of Status / Registration with ACSLPA

As applicable, include all 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
- History of Unprofessional Conduct (ACSLPA Policy 10.001) *contact the ACSLPA office if you would like to view the Policy.
- Suspensions or cancellations of a practice permit

Send to: _____

Delivery:

- All non-Canadian Regulatory bodies: documents sent by email.
- All non-Canadian Regulatory bodies: documents are sent by regular mail.
- To 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

METHOD OF PAYMENT, as applicable (Canadian Funds)

- E-Transfer funds to accounting@acslpa.ca. Enter 'Verification of Registration' into the Message section, or
- 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.

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: _____

I intend to cease practicing in Alberta. (If so, please note that you must advise ACSLPA in writing either through renewal or submit the '[Resignation from ACSLPA](#)' form on the website.)

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: _____