



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
Phone Current ACSLPA Status
SLP or Audiologist

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 (contact the ACSLPA office for further information)
Suspensions or cancellations of a practice permit

Send to:

Delivery:

- All non-Canadian Regulatory bodies: documents are sent 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: CVV Code:
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:

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: