



REFERENCE REQUEST FORM

Please obtain from someone who is familiar with your recent practice.

1. Applicant Information (this section may be completed prior to forwarding the form to your reference)

Surname	Given Name

Email Address	Phone Number

This form has been created to assist ACSLPA in determining if the applicant is qualified to be registered as a professional speech-language pathologist (SLP) or audiologist in the province of Alberta, Canada. Registered SLPs and audiologists are entitled to practice independently and provide professional health services to the public. They are bound by a professional Code of Ethics and Standards of Practice and may be investigated and disciplined for reasons of unprofessional conduct, including incompetent or unethical practice. Your responses may be shared by ACSLPA with the applicant and may be presented to the Registrar, Registration Committee, or an application review panel as needed.

2. For Reference: in order to complete this form, you must:

- (a) Be recognized as a qualified SLP or audiologist by the appropriate authority in the jurisdiction where you practice, and
- (b) Must have direct knowledge of the applicant’s clinical practice and employment history for the period that you are referencing.

3. Reference Information

Name of Reference: _____ Speech-Language Pathologist Audiologist

Email Address: _____ Phone Number: _____

Are you recognized as a qualified SLP or Audiologist by the appropriate authority in the jurisdiction where you practice? YES NO

Please provide the name of the authority that recognizes SLP and audiology qualifications in your jurisdiction (name of regulatory body, professional society or association): _____

Registration number: _____

How many years have you practiced as an SLP or audiologist? _____

Please state your relationship to the applicant (i.e., employer, supervisor, practicum supervisor, professor, colleague)

What is the time period during which you worked with/supervised the applicant?

_____ to _____

How familiar are you with the applicant's practice for the time period you are referencing (choose one):

- Not very familiar Familiar Very familiar

To your knowledge, what were the applicant's clinical responsibilities during this time? (e.g., full clinical scope of practice as an SLP or audiologist, student, worked in an assistant role during this time, etc.).

To your knowledge, where was the applicant employed during this time?

To your knowledge, during this time was the applicant working:

- Casually (few hours here and there) Part-time Full-time

Based on your knowledge of the applicant's practice, would you have any concerns with having them practice SLP or audiology independently and without supervision? YES NO

If you answered YES, we will contact you for more information about your concerns, or you can provide more information on a separate sheet of paper.

Based on your knowledge of the applicant, do you have any concerns with their professional character or reputation? YES NO

If you answered YES, we will contact you for more information about your concerns, or you can provide more information on a separate sheet of paper.

Please provide any additional feedback that you would like to provide to ACSLPA: (more information can be provided on a separate sheet of paper.)

Signature: _____ Date: _____

Please print your completed form, sign and email, mail or courier to:



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