Alberta College of
Speech-Language Pathologists
and Audiologists

**ALBERTA COLLEGE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (ACSLPA)**
#620, 4445 Calgary Trail NW · Edmonton, AB T6H 5R7
Phone: 780-944-1609 / 1-800-537-0589 · Fax: 780-408-3925
registration@acslpa.ca · www.acslpa.ca

# REFERENCE REQUEST FORM

*Please have someone who is familiar with your recent practice complete this reference form. They should send the completed form directly to ACSLPA to the attention of Susan Kraft, Registration Coordinator at registration@acslpa.ca.*

## 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? _____

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 (please indicate "N/A" if student clinician)?

_____

To your knowledge, during this time was the applicant working:
❑ Casually (few hours here and there) ❑ Part-time ❑ Full-time ❑ Student Clinician

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:**

Alberta College of Speech-Language Pathologists and Audiologists

**#620, 4445 Calgary Trail NW | Edmonton, AB | T6H 5R7 | Canada**