



This form is to be completed by the applicant's regulator or licensing body and mailed directly to:
Alberta College of Speech-Language Pathologists and Audiologists
#620, 4445 Calgary Trail NW, Edmonton, Alberta, Canada T6H 5R7

Registration number:		Province/State:
First name:		Middle name(s):
Last name:		Previous name(s) if applicable:
Address (Home or Business):		Profession: <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist
Telephone number:		Email address:
Registration category¹:	<input type="checkbox"/> Registered/Active <input type="checkbox"/> Registered with Conditions <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Honourary <input type="checkbox"/> Former Member <input type="checkbox"/> Other:	Currency of Practice/Qualification Hours (if available): _____ Hours in the most recent 5 years.
		Initial registration date:
Effective date of current status:		Expiry date of current status:

Regulatory History:

1. Has there been a period this person was not registered/licensed in your jurisdiction after their first registration/licensure date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any current restrictions/terms/limitations to this person's registration or licence to practise in your jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has this person been the subject of any disciplinary action by your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this person the subject of any unresolved complaints concerning misconduct, incompetence or incapacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has this person's registration or license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If you have answered "yes" to any of the questions, please attach additional information</i>	

This form serves as the official verification that the above-named individual holds (or held) the certificate of registration or license referred to above.

Name	Title
Signature:	Date
Name of Regulatory/Licensing Body	

Affix official
seal here

***Note:** Applicants from the regulated jurisdictions of British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Newfoundland and Nova Scotia must ask their regulatory organization to submit a Verification of Registration Form on their behalf. Applicants from all other jurisdictions must use this form.

¹ Definitions of ACSLPA Registration Categories can be found in the *Registration Handbook* available on the ACSLPA website.