



Application Form

Hearing Tribunal Membership List

ACSLPA protects and serves the public by regulating, supporting and ensuring competent, safe, ethical practice of speech-language pathologists and audiologists in Alberta. Membership List appointees provide service to ACSLPA as panel members for hearing tribunals and complaints review committees as outlined within the *Health Professions Act*.

Name:

Address:

Telephone Number:

Personal Email:

Registration Number:

Professional Designation: SLP Audiologist

Years of Experience in Current Designation:

Previous Regulatory Experience

Have you previously volunteered on a Committee with the ACSLPA?

Yes No (If yes, please state area(s) below)



Other Information

Have you ever been or are you currently subject to professional conduct proceedings?

Yes No (If yes, please provide information below)

Are you aware of any relationships that may place you in a position of real or perceived conflict of interest with the work of the Hearing Tribunal membership list?

Yes No (If yes, please provide information below)

Declaration

I am committed to:

- Attending scheduled membership list meetings (once per quarter or as required)
- Participating in Hearing Tribunals and Complaints Review Committee work
- Attending training sessions as required. (Minimum of once per year)

By signing below, I declare that any information provided in this application is true to the best of my knowledge.

Signature:

Date:

*Thank you for your interest in ACSLPA governance and furthering the profession.
Please print, sign, scan and send a copy of this completed form **along with a resume**
to: [deputyregistrar @ acslpa.ca](mailto:deputyregistrar@acslpa.ca)*

If you have questions about the application, please contact Susan Rafaat, Deputy Registrar, at 587-525-7728.