



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

SLP Audiologist

Phone

Current ACSLPA Status

Verification of Status / Registration with ACSLPA

I understand that by submitting this form I give consent to ACSLPA to disclose the following information to the Regulatory Authority/Organization identified below:

- Current and previous names and ACSLPA registration number.
- Contact information.
- Date of first registration with ACSLPA and current status.
- Information I disclosed on my registration or practice permit application(s).
- Current conditions on my registration or practice permit.
- Complaints: open; under appeal; former complaints that did not lead to formal action but which, in the opinion of the Registrar, may reflect conduct or a pattern of conduct that should be reported in the best interest of the public; complaints that may come into the College following the completion of the Request for Verification of ACSLPA Registration that, in the opinion of the Registrar, should be reported in the best interest of the public.
- Active investigations.
- Disciplinary actions including decisions, dates, particulars, findings, remedies, or sanctions.
- Relevant non-disciplinary information: conditions arising from health or capacity/fitness to practice issues; other non-disciplinary issue or process; consent agreements or undertakings; consent withdrawal or resignation from practice or register; restriction).
- Findings of guilt, criminal and other, if known to ACSLPA.
- Professional litigation history, if known to ACSLPA.
- Suspensions or cancellations of a practice permit and/or registration.
- Previous Police Information Check results.
- Other information considered relevant by the Registrar.

Send to: _____

Delivery:

- Documents sent by email unless otherwise requested.
- To 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 – \$50.00

METHOD OF PAYMENT, as applicable (Canadian Funds)

- E-Transfer funds to accounting@acslpa.ca. Enter 'Verification of Registration' into the Message section, or
- To pay with a credit card, please call the ACSLPA office at 780-944-1609 or 1-800-537-0589 ext. 104 or 101 to proceed with a credit card payment.

Authorization to release information

I have read, understand and consent to the disclosures outlined above.

I hereby authorize and give consent to the 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: _____