



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
registration@acslpa.ca · www.acslpa.ca

CROSS-PROVINCIAL PRACTICE -- 200 HOUR MAXIMUM REGISTRATION AND PRACTICE PERMIT APPLICATION FORM

PLEASE NOTE: If you are seeking cross provincial registration in AB, you will need to request that a cross provincial verification form be completed and sent to ACSLPA by the province where you hold primary registration.

1. Personal Information

Surname	Given Name	Middle Name
Maiden Name or Other Names (if applicable)		Preferred First Name (if applicable)
Birth Date (month/day/year) – REQUIRED - _____ / _____ / _____		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Non-binary /Two spirit

2. Contact Information

Address	City / Town	Province
Postal Code ()	Country ()	Email
Home Phone	Cell Phone	

3. Profession

Speech-Language Pathologist Audiologist

4. Educational Background

Degrees			Location	
Bachelor	Major	Grad Year	University	Province & Country
Masters	Major	Grad Year	University	Province & Country
Doctorate	Major	Grad Year	University	Province & Country

FOR OFFICE USE ONLY

Process Date: _____	Reg #: _____
Amount: \$ _____	Effective: _____
Auth/Dep. Ref #: _____	Processed by: _____

5. Current Primary Province Employer where majority of practice occurs.

(If self-employed, please indicate.)

Primary Place of Employment (Institution, Clinic, Agency)		Hours / week	Phone Number	
Address		City / Town	Province	Postal Code
Work Email (Optional)		Supervisor's Name	Start Date	

6. Pending Alberta Employer (indicate Alberta agency if there is one; otherwise, state agency with which you are affiliated and seeing clients cross-provincially. Indicate if self-employed and providing cross-provincial services to clients)

Proposed start date for Alberta clients: _____ Employer same as above If not, please complete the following:

Primary Place of Employment (Institution, Clinic, Agency)		Hours / week	Phone Number	
Address		City / Town	Province	Postal Code
Work Email (Optional)		Supervisor's Name		

<i>Main Scope of Practice</i>		<i>Which age category best describes your clients?</i>		<i>Which classification best describes the level of your clients?</i>	
Direct Patient Care	<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	Acute	<input type="checkbox"/>
Consulting	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Administration	<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Long Term/Chronic	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	All Ages	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Research	<input type="checkbox"/>				
Virtual care	<input type="checkbox"/>				
Other:	_____				

I will be providing services in Alberta:

In-person By virtual care Both

Indicate the province where you hold your primary registration, certification, or licensure.

Regulatory Body	Province/State/Country	License/Registration Number	Expiry Date
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Indicate other jurisdiction where you hold full registration, certification, or licensure.

Regulatory Body	Province/State/Country	License/Registration Number	Expiry Date
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Regulatory Body	Province/State/Country	License/Registration Number	Expiry Date
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Indicate other regulatory colleges where you are registered, certified or licensed cross-provincially (i.e., MB, NB, ON, or SK).

Regulatory Body	Province/State/Country	License/Certification Number	Expiry Date
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Regulatory Body	Province/State/Country	License/Certification Number	Expiry Date
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7. Professional Liability Insurance

All applicants must provide evidence of holding self-coverage for a minimum of \$2,000,000 (two million dollars) professional liability insurance (PLI) in order to obtain registration and a practice permit. For further information, refer to ACSLPA's Registration Handbook. Please include a copy of your policy.

Policy provider

Policyholder

Policy and Certificate Numbers

Amount of coverage

Start and end dates

8. Payment

METHOD OF PAYMENT, as applicable (Canadian Funds)

Registration Fee

\$200 (Not to exceed 200 hours worked/year)

- To e-transfer funds or 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 payment.

9. Declaration questions

Answer each of the following statements by entering 'Yes' or 'No' in the box. If your answer(s) to any of the questions below is Yes, please provide details on a separate sheet of paper.

Conduct declarations As a regulated professional, bound by ethical and professional obligations, I confirm and do solemnly declare that:	Yes	No
My registration in my primary province been suspended	<input type="checkbox"/>	<input type="checkbox"/>
My registration/license in my primary province has terms, conditions or limitations	<input type="checkbox"/>	<input type="checkbox"/>
There are complaints filed against me which are unresolved	<input type="checkbox"/>	<input type="checkbox"/>
I am currently the subject of an active regulatory investigation	<input type="checkbox"/>	<input type="checkbox"/>
I am currently the subject to an active referral to a disciplinary proceeding	<input type="checkbox"/>	<input type="checkbox"/>
I have disciplinary findings or conduct matters that have not been reversed on appeal	<input type="checkbox"/>	<input type="checkbox"/>
I owe outstanding fees or have fines owed to the regulator in the primary province at this time	<input type="checkbox"/>	<input type="checkbox"/>
I have been found guilty of, or plead guilty to, a criminal offence in Canada defined by the Criminal Code of Canada, for which I have not received a pardon, or of a criminal offence of a similar nature in a place outside of Canada, for which I have not received a pardon	<input type="checkbox"/>	<input type="checkbox"/>
I have received, or had ordered against me, a civil judgment with respect to my professional practice (i.e., negligence, breach of contract, medical malpractice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Cross Provincial Practice Declarations

<input type="checkbox"/>	I understand that for the purposes of this declaration and my cross-provincial practice permit “direct client/patient contact services” means screening, assessment, treatment, counselling or consultation provided to a client/patient or anyone related to a cross-provincial practice permit holder’s client/patient in a secondary province.
<input type="checkbox"/>	I understand that I must remain in good standing in both my primary province and the secondary province to maintain my cross-provincial practice permit.
<input type="checkbox"/>	I understand that protected titles that I can use as part of my cross provincial practice permit in Alberta include “speech-language pathologist”, “speech therapist”, “speech pathologist”, SLP, R.SLP, or “audiologist”, Aud and R.Aud.
<input type="checkbox"/>	I understand that I may be subject to conduct or disciplinary proceedings concerning my practice, competence or capacity in both my primary and secondary provinces, including arising from the same incident.
<input type="checkbox"/>	I understand that the majority of my practice as an audiologist or speech-language pathologist must take place in my primary province.
<input type="checkbox"/>	I understand that I shall only provide a cumulative total of two hundred (200) hours or less of direct client/patient contact services (including both virtual care and in person care) during an annual period in the secondary province from the date of issuance of the cross-provincial permit.
<input type="checkbox"/>	As the holder of a cross-provincial registration, I will maintain a log of the number of hours of direct client contact and consultation that I provide in Alberta and will provide this log to the College should verification be required (log form is available on the ACSLPA website).
<input type="checkbox"/>	I further understand and agree that: <ul style="list-style-type: none"> • I shall notify the secondary province immediately once I have provided 200 hours of direct client/patient contact services in the secondary province. • my cross-provincial practice permit will expire in one year or once I have provided 200 hours of client/patient services in the secondary jurisdiction • when my certificate expires, I must submit a new application if I wish to continue to practice in the secondary province and it is my sole responsibility to apply.
<input type="checkbox"/>	I understand that I am responsible for: <ul style="list-style-type: none"> • paying all applicable fees of both the primary and secondary provinces and • complying with all continuing competence/quality assurance requirements of my primary province.
<input type="checkbox"/>	I further confirm that I have met the requirements for continuing competence/quality assurance in my primary province at the time of my application.
<input type="checkbox"/>	I understand and agree that I shall hold professional liability insurance coverage (“PLI coverage”) that meets the requirements of both the primary and secondary province.
<input type="checkbox"/>	I further understand that: <ul style="list-style-type: none"> • ACSLPA will accept PLI coverage that meets the requirements of my primary province if it is held by me, as an individual, and ACSLPA does not accept employer coverage); • it is my responsibility to ensure that my PLI coverage extends to Alberta; • if there is any doubt regarding whether my PLI coverage will extend to Alberta, I may be required by ACSLPA to obtain a minimum of \$2,000,000 PLI coverage with an extended reporting period of a minimum of two (2) years; and • I must keep evidence of my PLI coverage policy and understand that ACSLPA may request additional documentation of my PLI coverage at any time.
<input type="checkbox"/>	I understand and agree to abide by all legislative requirements in both primary and secondary provinces, including legislation, regulations, bylaws, Codes of Ethics or Standards of Practice.
<input type="checkbox"/>	I acknowledge that I <u>may</u> complete ACSLPA’s Jurisprudence module and exam online to inform myself of ACSLPA’s code of ethics and practice standards if I wish to do so, by making a request in writing to the ACSLPA Registrar.
<input type="checkbox"/>	I hereby authorize the secondary province to obtain and/or disclose information from and/or to other regulatory bodies, for the purposes related to my registration status and to disciplinary and conduct matters.
<input type="checkbox"/>	I agree to advise ACSLPA as soon as reasonable if my practice permit in my primary province is cancelled, suspended or has conditions, terms or limitations imposed on it, if I am no longer in good standing with my primary province or if I become the subject of a complaint or investigation in my primary province.

ACSLPA Declarations

<input type="checkbox"/>	I hereby attest that I will not provide any audiology or speech-language pathology services in the province of Alberta if I am not a Registered member in my primary jurisdiction and hold a courtesy registration for the purposes of cross-provincial practice with ACSLPA.
<input type="checkbox"/>	I understand that, as a Courtesy member, information required by the <i>Health Professions Act</i> will appear on the Register on ACSLPA's website.
<input type="checkbox"/>	I understand that information will be provided to the Alberta Provider Directory as described in ACSLPA's communication and information management policies.
<input type="checkbox"/>	I understand that it is my responsibility to notify ACSLPA immediately of any change of name, mailing address, contact telephone number, or email address.
<input type="checkbox"/>	<p>I will advise ACSLPA immediately in writing:</p> <ul style="list-style-type: none"> (i) should I be charged or convicted of an offence under the Criminal Code (Canada). (ii) should a finding of or proceeding for unprofessional conduct or incapacity in Alberta or in any other jurisdiction be made or commenced against me in relation to the profession or any other health profession. If there is a finding of unprofessional conduct, I will provide a copy to the Registrar. (iii) should I be denied registration, licensure, or similar status by a regulatory body in Alberta that is responsible for the regulation of another health profession or by a regulatory body in another jurisdiction in or out of Canada that is responsible for the regulation of the profession or another health profession; or (iv) should my registration, licensure, or similar status in Alberta in relation to another health profession or in any other jurisdiction in or out of Canada in relation to the profession or another health profession be revoked or suspended. (v) should any civil judgement (including negligence) be made against me with respect to my professional practice.
<input type="checkbox"/>	<p>I further confirm and do solemnly declare that:</p> <ul style="list-style-type: none"> • The information I have provided is complete and truthful and I acknowledge that making a false or misleading statement, or omitting required information, may be considered as unprofessional conduct, and referred to the Complaints Director of ACSLPA for action, including but not limited to a complaint pursuant to section 56 of the Health Professions Act or other disciplinary action. • I acknowledge and understand that my registration may be refused if ACSLPA determines I have provided inaccurate information, omitted any information or documentation required, or submitted documents that have been altered, tampered with, or forged during the application process.

Signature: _____ Date: _____



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