

**SASKATCHEWAN ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS
AND AUDIOLOGISTS**

11 – 2010 – 7th Avenue
Regina, SK S4R 1C2
Phone: 757-3990 FAX: 757-3986 Toll Free: 1-866-757-3990

APPLICATION FOR PRACTISING MEMBERSHIP

1. Statement of Application:

I hereby apply for practising membership in the Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA) as (check one):

- a speech-language pathologist; or
 an audiologist

The following fees are required:

SASLPA: \$600.00 Non-refundable Application Fee \$150.00 **Total: \$750.00 payable to SASLPA**

2. Name (in full): _____

Home Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone: _____ **Fax:** _____ **E-Mail:** _____

3. Academic Training and Qualifications (with dates, institutions, degrees, etc.)

4. Present Position: _____

Organization: _____

Work Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Work Phone: _____ **Fax:** _____ **E-Mail:** _____

5. Previous Work History:

Place of last employment: _____

Position Held: _____ **Last Year of Clinical Practise:** _____

6. List other professional organizations to which you are or have been a member:

7. Transcripts and Clinical Hours: Please provide **official transcript(s)** to indicate completion of a degree in speech-language pathology or audiology and **verification of 300 hours** of supervised clinical practice.

8. Declaration of Professional Conduct:

The following questions are to be answered YES or NO. For every Yes answer, please attach a comprehensive summary to the application and include full identification of licensing authority, health care facility or other institution, and persons involved in the situation:

a. Have you ever had your certificate, license, registration or permit to practice suspended, restricted or revoked in any jurisdiction?

_____ Yes _____ No

b. Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?

_____ Yes _____ No

c. Have you ever been convicted of a criminal or other offence related to the regulation of the practice of the profession of Audiology and/or Speech-Language Pathology?

_____ Yes _____ No

d. I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me from the registration process or be cause for revocation of any registration, which may have been granted to me.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

9. Please forward this application along with transcripts, clinical hours and your cheque for \$750.00 (payable to SASLPA) to:

SASLPA
11 – 2010 – 7th Avenue
Regina, SK S4R 1C2

Should your application be rejected, your membership fees will be refunded. The application fee is non-refundable.