

6. Employment

Current primary province employment (where the majority of practice hours occur)

Employer Name

Street Address

City

Province

Postal Code

7. Employment in Saskatchewan

My Saskatchewan employer is the same employer as in my primary jurisdiction.

Yes No

- If no, please provide details below about your employment in Saskatchewan.

Employer Name

Street Address

City

Province

Postal Code

Anticipated Start Date

I will provide services to Saskatchewan residents: virtually in person both

10. Professional Liability Insurance (PLI) and Declarations

It is a mandatory requirement of licensure for registrants of CSASK to hold a minimum professional liability coverage of two-million dollars per claim, per year.

- I understand and agree that I shall hold professional liability insurance coverage that meets the requirements of both the primary province and CSASK.

I further understand that:

- it is my responsibility to ensure that my PLI coverage extends to Saskatchewan;
- I must retain evidence of my PLI policy and understand that CSASK may request additional documentation of my PLI coverage at any time;
- it is my responsibility to maintain the minimum requirement for PLI throughout the period of my licensure in Saskatchewan.

11. Additional Declarations

Conduct Declarations

<i>In a province or territory in Canada or any place where you hold registration with a regulatory body:</i>	Yes	No
Are you currently suspended by any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have any conditions, terms or limitations imposed on your practice permit/licence/registration?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have any active complaints of unprofessional conduct filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under investigation by any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the subject of disciplinary proceedings with any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously received a finding of, or agreed to an admission of, unprofessional conduct that has not been reversed on appeal with any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently owe any outstanding fees, fines, or costs to any regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty of, or plead guilty to, a criminal offence in Canada defined by the <i>Criminal Code of Canada</i> , for which you have not received a pardon, or of a criminal offence of a similar nature in a place outside of Canada, for which you have not received a pardon?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received, or had ordered against you, a civil judgment with respect to your professional practice (i.e., negligence, breach of contract, medical malpractice, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Cross-Provincial Practice Declarations

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 must remain in good standing in both my primary province and in Saskatchewan to maintain my CSASK cross provincial practice licence.	<input type="checkbox"/>
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"/>
the majority of my practice as an audiologist or speech-language pathologist must take place in my primary province.	<input type="checkbox"/>
I shall only provide a cumulative total of two hundred (200) hours or fewer of direct client/patient contact services (including both virtual care and in person care) during an annual period in Saskatchewan from the date of issuance of the cross-provincial licence.	<input type="checkbox"/>

I further understand and agree that:

I shall notify the CSASK immediately once I have provided 200 hours of direct client/patient contact services in Saskatchewan.	<input type="checkbox"/>
my cross provincial practice licence in Saskatchewan will expire after a year from the date of issuance once I have provided a maximum of 200 hours of client/patient services in Saskatchewan within this limited time frame.	<input type="checkbox"/>
when my certificate expires, I must submit a new application if I wish to continue to practice in Saskatchewan and it is my sole responsibility to re-apply.	<input type="checkbox"/>
I must abide by all legislative requirements in both primary and secondary jurisdictions, including legislation, regulations, bylaws, Codes of Ethics or Standards of Practice.	<input type="checkbox"/>
I must comply with all continuing competence/quality assurance requirements of my primary province.	<input type="checkbox"/>
I must advise CSASK 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.	<input type="checkbox"/>
I will immediately withdraw from practice in Saskatchewan if my ability to practice in my primary jurisdiction is restricted or removed	<input type="checkbox"/>
CSASK can terminate my licence without notice or a hearing if my ability to practice in my primary jurisdiction is restricted or removed.	<input type="checkbox"/>

Application Declarations

I understand that I am responsible for paying all applicable fees of both the primary and secondary provinces. As a regulated professional, bound by ethical and professional obligations, I confirm and do solemnly declare that:


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 an act of unprofessional conduct and may lead to revocation of my practice permit and/or other disciplinary action.	<input type="checkbox"/>
I acknowledge and understand that my registration may be refused if CSASK 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.	<input type="checkbox"/>

I hereby authorize the CSASK 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.

Name

Date

Signature



Submit your completed application to:
1260 Hamilton Street | Regina, SK | S4R 2B4 |
Email: office@csask.ca