



# APPLICATION FORM TEMPORARY LICENSURE – VISITING CLINICIAN

## 1. Personal Information

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name or Other Names (if applicable) \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_

Birth Date - \_\_\_\_ / \_\_\_\_ / \_\_\_\_     Female     Male     Undifferentiated  
                  month    day    year

## 2. Contact Information

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## 3. Profession

Audiologist                       Speech-Language Pathologist

## 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

## 5. Employment History (Audiology/Speech Language Pathology related only)

Details of your employment history as a registered audiologist or speech-language pathologist (do not include student positions).

**1.** \_\_\_\_\_

Employment Dates (Start to End) \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province/State \_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Cont. Employment History (SLP/Audiologist related only)

2. \_\_\_\_\_  
 Employment Dates (Start to End) Position

\_\_\_\_\_  
 Employer Name

\_\_\_\_\_  
 Street Address City/Town Province/State

\_\_\_\_\_  
 Country Telephone

3. \_\_\_\_\_  
 Employment Dates (Start to End) Position

\_\_\_\_\_  
 Employer Name

\_\_\_\_\_  
 Street Address City/Town Province/State

\_\_\_\_\_  
 Country Telephone

4. \_\_\_\_\_  
 Employment Dates (Start to End) Position

\_\_\_\_\_  
 Employer Name

\_\_\_\_\_  
 Street Address City/Town Province/State

\_\_\_\_\_  
 Country Telephone

**\*Please use a separate sheet for additional past employment.**

6. Nature of Work in Saskatchewan

Please describe the reason(s) you wish to apply for Temporary Licensure in Saskatchewan.

- Research
- Consultation
- Workshop, lecture given
- Collaboration with another Speech-Language Pathologist or Audiologist
- Mentorship
- Follow-up with Saskatchewan client initially seen in another jurisdiction
- Demonstration of equipment
- Other: (please describe below)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Institution, Clinic, Agency where you will be providing services in SK Contact Person and Title

\_\_\_\_\_  
 Street Address City/Town Postal Code Phone Number

\_\_\_\_\_  
 Anticipated Start Date Anticipated End Date

## 7. Registration/ Certification/ Licensure

Have you previously applied for or been issued a registration number by the College of Speech-Language Pathologists and Audiologists of Saskatchewan?  Yes  No

Indicate other jurisdiction(s) where you are registered, certified, or licensed.

<b>1.</b>	Regulatory Body/Professional Association	Province/State/Country	License/Certification Number	Expiry Date
<b>2.</b>	Regulatory Body/Professional Association	Province/State/Country	License/Certification Number	Expiry Date

## 8. Professional Liability Insurance (PLI)

Self-Coverage

Employer # 1

Employer # 2

\_\_\_\_\_  
Name of Policy

\_\_\_\_\_  
Name of Policy

\_\_\_\_\_  
Name of Policy

\_\_\_\_\_  
Policy and Certificate Numbers

\_\_\_\_\_  
Policy and Certificate Numbers

\_\_\_\_\_  
Policy and Certificate Numbers

\_\_\_\_\_  
Policy Holder

\_\_\_\_\_  
Policy Holder

\_\_\_\_\_  
Policy Holder

\_\_\_\_\_  
Policy Provider

\_\_\_\_\_  
Policy Provider

\_\_\_\_\_  
Policy Provider

\_\_\_\_\_  
Amount of Coverage

\_\_\_\_\_  
Amount of Coverage

\_\_\_\_\_  
Amount of Coverage

\_\_\_\_\_  
Start and End Dates

\_\_\_\_\_  
Start and End Dates

\_\_\_\_\_  
Start and End Dates

## 9. Conduct Declarations

	<b>Yes</b>	<b>No</b>
Have you been found guilty of professional misconduct or incompetence in Saskatchewan or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Is your professional conduct or practice of audiology or speech-language pathology under investigation in Saskatchewan or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the subject of any disciplinary proceedings in Saskatchewan or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a criminal offence in Saskatchewan or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If yes, please provide details in a separate attachment and submit a formal criminal record check.</li> </ul>		

If "yes" is selected to any of the above declarations, please provide details in a separate attachment.

## 12. Professional Liability Declarations

I understand that it is my responsibility to:

- maintain PLI coverage throughout the period of licensure that meets the requirements as set out by CSASK council.
- ensure that my PLI coverage extends to the entirety of my practice in Saskatchewan.
- notify CSASK of any changes in personal and professional information pertaining to my licence, including any changes in PLI coverage.
- make informed decisions regarding the insurance coverage needs of my practice if offering private services.
- I also understand that my employer's PLI policy does not extend to services provided outside of the scope of employment.

### 13. Additional Declarations


**I understand that I must notify CSASK immediately:**

- of any change of name, mailing address, contact telephone number, or email address.
- should a finding of or proceeding for professional misconduct, incompetence or incapacity in Saskatchewan or in any other jurisdiction be made or commenced against me in relation to the profession or any other health profession.
- should I be denied registration, licensure or similar status by a regulatory body in Saskatchewan that is responsible for the regulation of another health profession.
- should my registration, licensure or similar status in Saskatchewan 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

**I understand that CSASK members:**

- are responsible to comply with the most recent version of the Code of Ethics adopted by council.
- are responsible to report any criminal charges or convictions of an offence pursuant to the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) to the Registrar within 30 days.
- must be registered and hold a current licence with CSASK as an audiologist or speech-language pathologist in Saskatchewan to use the protected titles of the applicable profession. These include “speech-language pathologist”, “speech therapist”, “speech pathologist”, “audiologist”, “SLP”, “R.SLP”, “Aud”, and “R.Aud”.
- I hereby authorize the College of Speech-Language Pathologists and Audiologists of Saskatchewan (CSASK) to obtain information from other regulatory bodies, professional associations, educational institutions, present and former employers for the purposes related to my registration and qualifications.
- I hereby certify that the statements made by me in this form are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from the registration and/or licensure process, be a cause for revocation of any registration and/or licence-that may have been granted or may result in other disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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