



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. Current Qualifications

Hours practiced as a registered audiologist or speech-language pathologist during the last three years: (do not include student/practicum hours).

Year _____ _____ _____

Number of Hours _____ _____ _____

6. 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

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

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.

1. _____
Regulatory Body/Professional Association Province/State/Country License/Certification Number Expiry Date

2. _____
Regulatory Body/Professional Association Province/State/Country License/Certification Number Expiry Date

8. Pending Saskatchewan Employment

Please check which best describes your situation regarding employment in Saskatchewan:

Seeking work in field Not seeking work in field Have pending employment (please complete the following)

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

9. Conduct Declarations

	Yes	No
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"/>

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

10. 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.

10. cont. of Additional Declarations

- 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.

I understand that with a non-practising registration:

- I may not practice in audiology or speech-language pathology in Saskatchewan in any capacity, including private practice or consultation.

Signature: _____ Date: _____



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