



The Cross-Provincial Practice (CPP) licence is available to audiologists or speech-language pathologists who are currently registered in Alberta, Manitoba, New-Brunswick or Ontario who wish to provide services virtually or in person to clients/patients in Saskatchewan to a maximum of 200 hours during the period for which the licence is issued. This licence is not renewed.

**PRIOR TO STARTING YOUR APPLICATION AND TO AVOID DELAYS IN PROCESSING YOUR APPLICATION:**

- Review the CPP information and the documents in the “Cross-Provincial Practice” section of the “Applicants” menu item at [csask.ca](http://csask.ca).
- Complete the CPP application form available at [csask.ca](http://csask.ca).
- Information requested from a third-party (ex. regulatory body or college), **must** be sent directly to the CSASK office.
- CSASK will only begin reviewing your application once payment of the **non-refundable** application and assessment fees, and **all** required documents have been received. **DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE.**
- CSASK will notify you if more information is required.
- Start the application process early to allow for sufficient processing time, prior to the anticipated employment or volunteer start date.

CSASK will only issue a practice permit once all the requirements for registration have been met (including payment of the licence fee).

**PLEASE NOTE:** Audiologists and speech-language pathologists **must be approved** for registration with CSASK prior to working/volunteering/ consulting and using the professional titles in Saskatchewan.

**APPLICATIONS ARE PROCESSED WITHIN 10 BUSINESS DAYS ONCE ALL REQUIRED DOCUMENTS ARE RECEIVED.**

**TO APPLY COMPLETE THE FOLLOWING:**

Complete and submit the following to <a href="mailto:office@csask.ca">office@csask.ca</a>	
<input type="checkbox"/>	Cross-Provincial Practice application form
<input type="checkbox"/>	Professional Liability Insurance (PLI) certificate or the <i>Employer PLI Coverage</i> form.
<input type="checkbox"/>	Application Fee = \$150.00 Licence Fee = \$100.00 Methods of payment include: *E-transfer to <a href="mailto:office@csask.ca">office@csask.ca</a> *credit card payment through portal *cheque or money order <b>DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE</b>
In addition to the information above, applicants <b>must</b> arrange for the following documents to be sent <b>directly to CSASK</b> by the third-party:	
CPP Verification of Registration	Applicants request a <b>CPP Verification</b> from one of the following primary jurisdictions: Alberta, Manitoba, Ontario or New Brunswick.



## 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

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

Anticipated Start Date

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

## 8. 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.

## 9. CONDUCT DECLARATIONS

***In a province or territory in Canada or any place where you hold registration with a regulatory body:***

	<b>Yes</b>	<b>No</b>
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"/>

## 10. 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.
- I must remain in good standing in both my primary province and in Saskatchewan to maintain my CSASK cross provincial practice licence.
- 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.
- the majority of my practice as an audiologist or speech-language pathologist must take place in my primary province.
- 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.

### 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.
- 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.
- 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.
- I must abide by all legislative requirements in both primary and secondary jurisdictions, including legislation, regulations, bylaws, Codes of Ethics or Standards of Practice.
- I must comply with all continuing competence/quality assurance requirements of my primary province.
- 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.
- I will immediately withdraw from practice in Saskatchewan if my ability to practice in my primary jurisdiction is restricted or removed
- CSASK can terminate my licence without notice or a hearing if my ability to practice in my primary jurisdiction is restricted or removed.

## 11. 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.
- 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.

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