



NON-PRACTISING REGISTRATION APPLICATION PACKAGE

Applicants for the non-practising registration category must be currently registered in the CSASK practising category or be registered in one of the following Canadian regulated jurisdictions: British Columbia, Alberta, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, or Quebec and eligible for CSASK practising registration. Non-Practising registrants may apply to change their status to practising by submitting payment of the required fees, proof of professional liability insurance and other evidence of meeting the requirements for licensure in the practising category.

Non-practising registrants may **not** practice in audiology or speech-language pathology in Saskatchewan in any capacity, including private practice, consultation, volunteering or mentorship/supervision.

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

- Review the “Registration Requirements and Information” document (all application forms are available under the “Application Forms” section at csask.ca).
- Information requested from a third-party (ex. university, 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. **NOTE: DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE**
- CSASK will notify you if more information is required.

PLEASE NOTE:

- Start the application process early to allow for sufficient processing time, prior to the anticipated employment or volunteer start date.

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

TO APPLY COMPLETE THE FOLLOWING:

Complete and submit the following to: office@csask.ca	
<input type="checkbox"/>	Non-Practising Application (on page 2)
<input type="checkbox"/>	Online Criminal Record and Identity Check – Link will be provided by CSASK once you are required to fulfill this requirement.
<input type="checkbox"/>	Application Fee = \$250.00 Assessment Fee = \$0.00 Criminal Record Check and Identity Verification Fee = \$30.00 Registration/Licence Fee = \$450.00 (refer to the CSASK fee schedule for pro-rated fees) Methods of payment include: *E-transfer to office@csask.ca *credit card payment through portal *cheque or money order DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE
In addition to the information above, applicants must arrange for the following documents to be sent directly to CSASK by the third-party:	
Verification of Registration	Applicants request a verification of registration from all Canadian regulated jurisdictions in which they are currently registered.

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 registered and/or licensed 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:

Not seeking work in Saskatchewan 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. Personal 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 as a CSASK registrant, I am responsible:

- for complying with the most recent version of the Code of Ethics adopted by council.
- 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.

11. Non-Practising Declarations

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, volunteering or consultation.
- I must renew annually to maintain my non-practising registration.
- if I wish to return to practice in Saskatchewan, I must submit the applicable fees, application and must meet the requirements of the practising registration category.
- I am entitled to use the professional titles as described in section 22 of the ACT, followed by the words “Non-Practising”.
 - o Audiologist – Non-Practising
 - o Speech-Language Pathologist – Non-Practising

12. Application Declarations

- 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: _____

