



A CSASK temporary registration and licence is available to audiologists or speech-language pathologists who are currently licensed in another regulated jurisdiction and who wish to practise in Saskatchewan for a temporary reason. This registration and licence is approved for a defined purpose and period of time and is subject to conditions or limitations. This licence is not renewed.

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 **all** required documents have been received. Payment of the registration and licence fee is required upon approval of the application. **NOTE: 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: office@csask.ca	
<input type="checkbox"/>	Temporary application form
<input type="checkbox"/>	Professional Liability Insurance (PLI) certificate or the <i>Employer PLI Coverage</i> form.
<input type="checkbox"/>	Registration Fee = \$90.00/month 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 regulated jurisdictions in which they are currently registered.

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 and/or licence 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. 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. 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.

10. 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"/>
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"> • If yes, please provide details in a separate attachment and submit a formal criminal record check. 		

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

11. 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".

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: _____

