

Audiologists and speech-language pathologists who are registered in another regulated jurisdiction can apply for a Temporary registration and licence to practice in Saskatchewan for a specific temporary purpose. This licence is issued for a defined period and purpose and may be subject to conditions and/or limitations. It is not renewable. (or “cannot be renewed”). To continue practising after the licence expires, a new application must be submitted.

IMPORTANT INFORMATION TO ENSURE A SMOOTH AND TIMELY APPLICATION PROCESS

- Start the application process early to allow for sufficient processing time, prior to the anticipated employment or volunteer start date.
- CSASK will only begin reviewing your application once **all** required documents have been received.
- Applications are processed within **10 business days** once all required documents are received.
- CSASK will inform you once an invoice is available for payment; **DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE.**
- A licence is only issued once all licensure requirements have been met, including payment of the **non-refundable** application and licence fee.
- CSASK maintains a remote workplace in which electronic documents constitute the official records of the college. Any physical documents received by CSASK will not be returned to applicants. Upon receipt, **all original documents will be digitized and then securely destroyed.**

Audiologists and speech-language pathologists must be approved for CSASK licensure prior to working/volunteering/consulting and using the professional titles in Saskatchewan.

APPLICATION STEPS:

Complete and submit the following to office@csask.ca

- | | |
|--------------------------|---|
| ☐ | Temporary application form. |
| ☐ | Professional Liability Insurance (PLI) certificate or the <i>Employer PLI Coverage</i> form. |
| ☐ | Registration and licence fee = \$90.00/month
Methods of payment include:
*Credit card payment through portal *E-transfer to office@csask.ca
DO NOT SEND PAYMENT PRIOR TO RECEIVING AN INVOICE |

In addition to the information above, applicants **must** arrange for the following document(s) 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.



APPLICATION TEMPORARY REGISTRATION LICENSURE

Submit to:

The College of Speech-Language Pathologists and Audiologists of Saskatchewan

Email: office@csask.ca

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.

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 |
| ☐ Other: (please describe below) | ☐ Demonstration of equipment | |

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?	☐	☐
Is your professional conduct or practice of audiology or speech-language pathology under investigation in Saskatchewan or any other jurisdiction?	☐	☐
Are you currently the subject of any disciplinary proceedings in Saskatchewan or any other jurisdiction?	☐	☐
Have you been convicted of a criminal offence in Saskatchewan or any other jurisdiction? <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.

Name

Date

Signature