

Audiologists and speech-language pathologists who are registered in Alberta, Manitoba, New Brunswick, or Ontario can apply for a Cross-Provincial Practice (CPP) licence to provide virtual or in-person services in Saskatchewan. This licence allows up to a maximum of 200 hours of cross provincial practice in a 365-day period and cannot be renewed. To continue practising in Saskatchewan after the licence expires, a new application must be submitted to CSASK.

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.
- Review all CPP information on the [CSASK website](#).
- 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

- | | |
|--------------------------|--|
| ☐ | Cross-Provincial Practice Licence application form. |
| ☐ | Professional Liability Insurance (PLI) certificate or the <i>Employer PLI Coverage</i> form. |
| ☐ | Non-refundable application fee = \$150.00
Licence fee = \$100.00
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:

CPP Verification of Registration

Applicants request a **CPP Verification of Registration** from all CPP jurisdictions (Alberta, Manitoba, Ontario, New Brunswick) where full registration and/or licensure is held.



APPLICATION CROSS PROVINCIAL PRACTICE LICENCE

Submit to:

The College of Speech-Language Pathologists and Audiologists of Saskatchewan

Email: office@csask.ca

1. PERSONAL INFORMATION

Surname _____ Given Name _____ Middle Name _____

Birth Date - ____ / ____ / ____ ☐ Female ☐ Male ☐ Undifferentiated
 month day year

2. CONTACT INFORMATION

Address _____ City/Town _____ Province _____

Postal Code _____ Country _____ Email address _____

Home Phone _____ Cell Phone _____

3. PROFESSION

☐ Audiologist ☐ Speech-Language Pathologist

4. REGISTRATION/LICENSURE

Primary Registration/Licence in Audiology or Speech-Language Pathology (where the majority of practice occurs)

Regulatory Body _____ Province _____ Registration/Licence # _____ Expiry Date (mm/dd/year) _____

- ☐ I declare that registration/licence in my primary province is current/active.
- ☐ I confirm that I have met the requirements for continuing competence/quality assurance in my primary province at the time of this application.

5. OTHER CURRENT REGISTRATIONS/LICENCES IN AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY

Regulatory Body	Province	Registration/Licence #	Expiry Date (mm/dd/year)
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Regulatory Body	Province	Registration/Licence #	Expiry Date (mm/dd/year)

Have you previously applied for, or been issued, registration and/or licensure by CSASK? Yes ☐ No ☐

- If yes, please provide the registration details below.

- _____ Date of Licensure: (from _____ to _____)
CSASK Registration Number

6. PRIMARY PROVINCE EMPLOYMENT

Current employment in the primary province (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 licensure requirement that CSASK registrants 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:

Yes No

Are you currently suspended by any regulatory body?

☐ ☐

Do you currently have any conditions, terms or limitations imposed on your practice permit/licence/registration?

☐ ☐

Do you currently have any active complaints of unprofessional conduct filed against you?

☐ ☐

Are you currently under investigation by any regulatory body?

☐ ☐

Are you currently the subject of disciplinary proceedings with any regulatory body?

☐ ☐

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?

☐ ☐

Do you currently owe any outstanding fees, fines, or costs to any regulatory body?

☐ ☐

Have you ever been found guilty of, or plead guilty to, a criminal offence in Canada defined by the *Criminal Code of Canada*, 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?

☐ ☐

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.)?

☐ ☐

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 or once I have provided a maximum of 200 hours of client/patient services in Saskatchewan, whichever occurs first.
- ☐ 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