



## COURTESY REGISTRATION APPLICATION FORM

**PLEASE NOTE:**

- If you are seeking courtesy registration in Alberta for purposes 5-8, Shown below, you will need to request that a verification form be completed and sent to ACSLPA by the province/state where you hold primary registration.
- If you are seeking cross-provincial practice registration in Alberta, please use the Cross-Provincial Practice Application Form.

### SECTION 1—Personal & Contact Information

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name or Other Names (if applicable) \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_

Birth Date (month/day/year) – **Required** - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  Unspecified  
 Non-binary / Two spirit

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_  
( ) ( )

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ **Profession**  Speech-Language Pathologist  Audiologist

### SECTION 2—Educational Background

Speech-Language Pathology or Audiology Degree(s) and Major	Location		
Bachelor	Year of Completion	University	Province or Country
Masters	Year of Completion	University	Province or Country
Doctorate	Year of Completion	University	Province or Country

### SECTION 3—Reason for Courtesy Registration

Purpose and location of contract / presentation / workshop / other:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ NOTE: Professional Liability Insurance Declaration must be completed if direct client contact occurs

For the purpose of (check all that apply):

- 1. conducting a speech-language pathology or audiology training course or clinical presentation at an approved site;\*
- 2. conducting or engaging in an approved research program through a recognized research organization;\*
- 3. conducting or engaging in an accreditation program visit;\*
- 4. demonstrating equipment or techniques to be used in providing clinical care;\*
- 5. completing an internship or residency (or similar on-the-job training) for the purpose of developing specific clinical skills or competencies;\*\*
- 6. providing short-term SLP or audiology services for the purpose of ensuring continuity of care for a client who is travelling or returning to Alberta if treatment was started in the home jurisdiction;\*\*
- 7. providing short-term SLP or audiology services to ensure continuity of care through an employer that provides services in multiple jurisdictions if the Alberta SLP or audiologist who would normally provide care is temporarily unavailable;\*\*
- 8. providing short term specialist SLP or audiology services if no local SLP or audiologist with the necessary competencies is available to provide services in a reasonable timeframe or within reasonable geographic proximity to the client, given the circumstances of the situation.\*\*

**FOR OFFICE USE ONLY:**

Process Date: \_\_\_\_\_ Auth/Dep. Ref # \_\_\_\_\_ Effective: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Registration # \_\_\_\_\_ Processed by: \_\_\_\_\_

## SECTION 4—Employer Outside of Alberta

Primary Place of Employment (Institution, Clinic, Agency)

Address	City	Province	Postal Code
Phone	Fax	Email (Optional)	

Secondary Place of Employment (Institution, Clinic, Agency)

Address	City	Province	Postal Code
Phone	Fax	Email (Optional)	

## SECTION 5—Registration/Certification/Licensure

Indicate other jurisdiction(s) where you are registered, certified, or licensed.

Regulatory Body/Professional Association	Province/State/Country	License/Certification Number	Expiry Date
Regulatory Body/Professional Association	Province/State/Country	License/Certification Number	Expiry Date

## SECTION 6 – Professional Liability Insurance (PLI)

ACSLPA requires confirmation of professional liability insurance coverage if the purpose of registration is to provide a health service to the public in Alberta. We will accept professional liability insurance (PLI) that meets the primary jurisdiction's requirements if it is held by the individual SLP or audiologist and is valid in Alberta. We will not accept employer coverage.

If you are requesting a courtesy registration for the purpose of conducting a speech-language pathology or audiology training course or clinical presentation, you are required to provide PLI if the course/presentation extends beyond two weeks.

If there is any doubt regarding whether insurance coverage will extend to Alberta, the courtesy registrant will be required to obtain a minimum of \$2,000,000 (two million dollars) PLI coverage with an extended reporting period of two years.

Policy provider

Policy holder

Policy Number

Certificate Number

Amount of coverage

Policy Start and end dates

## SECTION 7 - Payment

### DUES (Canadian Funds)

- Purposes 1 through 4\* No charge  
 Purposes 5 through 8\*\* \$200.00

See list of purposes on page 1.  
Courtesy Registration is not to exceed  
1 (one) year in total duration.

### METHOD OF PAYMENT, as applicable (Canadian Funds)

- To e-transfer funds or to pay with a credit card, please call the ACSLPA office at 780-944-1609 or 1-800-537-0589 ext. 102 or 104 to proceed with payment.

## SECTION 8—Declaration Questions

Answer each of the following statements by choosing 'True' or 'False'. If your answer(s) to any of the questions below is True, please provide details on a separate sheet of paper.

<b>Conduct declarations</b> As a regulated professional, bound by ethical and professional obligations, I confirm and do solemnly declare that:	True	False
My registration in my primary jurisdiction been suspended.	<input type="checkbox"/>	<input type="checkbox"/>
My registration/license in my primary jurisdiction has terms, conditions or limitations.	<input type="checkbox"/>	<input type="checkbox"/>
There are complaints filed against me which are unresolved.	<input type="checkbox"/>	<input type="checkbox"/>
I am currently the subject of an active regulatory investigation.	<input type="checkbox"/>	<input type="checkbox"/>
I am currently the subject to an active referral to a disciplinary proceeding.	<input type="checkbox"/>	<input type="checkbox"/>
I have disciplinary findings or conduct matters that have not been reversed on appeal.	<input type="checkbox"/>	<input type="checkbox"/>
I owe outstanding fees or have fines owed to the regulator in the primary jurisdiction at this time.	<input type="checkbox"/>	<input type="checkbox"/>
I have been found guilty of, or plead guilty to, a criminal offence in Canada defined by the Criminal Code of Canada, for which I have not received a pardon, or of a criminal offence of a similar nature in a place outside of Canada, for which I have not received a pardon.	<input type="checkbox"/>	<input type="checkbox"/>
I have received, or had ordered against me, a civil judgment with respect to my professional practice (i.e., negligence, breach of contract, medical malpractice, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

## Courtesy Registration Practice Declarations

<input type="checkbox"/>	I understand that for the purposes of this declaration and my courtesy registration practice permit "direct client/patient contact services" means screening, assessment, treatment, counselling or consultation provided to a client/patient or anyone related to a courtesy registration practice permit holder's client/patient in Alberta.
<input type="checkbox"/>	I understand that I must remain in good standing in both my primary jurisdiction and in Alberta to maintain my courtesy registration practice permit.
<input type="checkbox"/>	I understand that protected titles that I can use as part of my courtesy registration practice permit in Alberta include "speech-language pathologist", "speech therapist", "speech pathologist", SLP, R.SLP, or "audiologist", Aud and R.Aud.
<input type="checkbox"/>	I understand that I may be subject to conduct or disciplinary proceedings concerning my practice, competence or capacity in both my primary and secondary jurisdictions, including arising from the same incident.
<input type="checkbox"/>	I understand that the majority of my practice as an audiologist or speech-language pathologist must take place in my primary jurisdiction.
<input type="checkbox"/>	I understand that I shall only provide a cumulative total of one hundred (100) hours or less of direct client/patient contact services (including both virtual care and in person care) during an annual period in Alberta from the date of issuance of the courtesy registration permit.
<input type="checkbox"/>	As the holder of a courtesy registration, I will maintain a log of the number of hours of direct client contact and consultation that I provide in Alberta and will provide this log to the College should verification be required
<input type="checkbox"/>	I further understand and agree that: <ul style="list-style-type: none"> <li>• I shall notify ACSLPA immediately once I have provided 100 hours of direct client/patient contact services in Alberta.</li> <li>• my courtesy registration practice permit will expire in one year or once I have provided 100 hours of client/patient services in Alberta.</li> <li>• when my registration expires, I must submit a new application if I wish to continue to practice in Alberta and it is my sole responsibility to apply.</li> </ul>
<input type="checkbox"/>	I understand that I am responsible for: <ul style="list-style-type: none"> <li>• paying all applicable fees of both the primary and secondary jurisdictions and</li> <li>• complying with all continuing competence/quality assurance requirements of my primary jurisdiction.</li> </ul>
<input type="checkbox"/>	I further confirm that I have met the requirements for continuing competence/quality assurance in my primary jurisdiction at the time of my application.
<input type="checkbox"/>	I understand and agree that I shall hold professional liability insurance coverage ("PLI coverage") that meets the requirements of both the primary and secondary jurisdiction.

<input type="checkbox"/>	<p>I further understand that:</p> <ul style="list-style-type: none"> <li>ACSLPA will accept PLI coverage that meets the requirements of my primary jurisdiction if it is held by me, as an individual, and ACSLPA does not accept employer coverage);</li> <li>it is my responsibility to ensure that my PLI coverage extends to Alberta;</li> <li>if there is any doubt regarding whether my PLI coverage will extend to Alberta, I may be required by ACSLPA to obtain a minimum of \$2,000,000 PLI coverage with an extended reporting period of a minimum of two (2) years; and</li> <li>I must keep evidence of my PLI coverage policy and understand that ACSLPA may request additional documentation of my PLI coverage at any time.</li> </ul>
<input type="checkbox"/>	I understand and agree to abide by all legislative requirements in both primary and secondary jurisdictions, including legislation, regulations, bylaws, Codes of Ethics or Standards of Practice.
<input type="checkbox"/>	I acknowledge that I may complete ACSLPA's Jurisprudence module and exam online to inform myself of ACSLPA's code of ethics and practice standards if I wish to do so, by making a request in writing to the ACSLPA Registrar.
<input type="checkbox"/>	I hereby authorize ACSLPA 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.
<input type="checkbox"/>	I agree to advise ACSLPA as soon as reasonable if my practice permit in my primary jurisdiction is cancelled, suspended or has conditions, terms or limitations imposed on it, if I am no longer in good standing with my primary jurisdiction or if I become the subject of a complaint or investigation in my primary jurisdiction.

## ACSLPA Declarations

<input type="checkbox"/>	I hereby attest that I will not provide any audiology or speech-language pathology services in the province of Alberta if I am not a Registered member in my primary jurisdiction and hold a courtesy registration with ACSLPA.
<input type="checkbox"/>	I understand that, as a Courtesy member, information required by the <i>Health Professions Act</i> will appear on the Public Register on ACSLPA's website.
<input type="checkbox"/>	I understand that information will be provided to the Alberta Provider Directory as described in ACSLPA's communication and information management policies.
<input type="checkbox"/>	I understand that it is my responsibility to notify ACSLPA immediately of any change of name, mailing address, contact telephone number, or email address.
<input type="checkbox"/>	<p>I will advise ACSLPA immediately in writing:</p> <ul style="list-style-type: none"> <li>(i) should I be charged or convicted of an offence under the Criminal Code (Canada) or in any other jurisdiction.</li> <li>(ii) should a finding of or proceeding for unprofessional conduct or incapacity in Alberta or in any other jurisdiction be made or commenced against me in relation to the profession or any other health profession. If there is a finding of unprofessional conduct, I will provide a copy to the Registrar.</li> <li>(iii) should I be denied registration, licensure, or similar status by a regulatory body in Alberta that is responsible for the regulation of another health profession or by a regulatory body in another jurisdiction in or out of Canada that is responsible for the regulation of the profession or another health profession; or</li> <li>(iv) should my registration, licensure, or similar status in Alberta 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.</li> <li>(v) should any civil judgement (including negligence) be made against me with respect to my professional practice.</li> </ul>
<input type="checkbox"/>	<p>I further confirm and do solemnly declare that:</p> <ul style="list-style-type: none"> <li>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 as unprofessional conduct, and referred to the Complaints Director of ACSLPA for action, including but not limited to a complaint pursuant to section 56 of the Health Professions Act or other disciplinary action.</li> <li>I acknowledge and understand that my registration may be refused if ACSLPA 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.</li> </ul>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

