



Guide for the Internationally Educated Applicant for Initial Registration

**College of Audiologists and Speech-Language Pathologists of Ontario
Ordre des audiologistes et des orthophonistes de l'Ontario**

TABLE OF CONTENTS

1.	Introduction	2
2.	Initial Certificate of Registration	2
3.	Registration Requirements.....	2 - 4
4.	How to Register	4
5.	Completing the Initial Certificate Application Form.....	4 - 5
6.	Completing Form A (Course Work Requirements).....	5 - 7
	a) Basic Communication Processes	6
	b) Related Area	6
	c) Major Professional Area.....	6
	d) Minor Professional Area.....	6 - 7
7.	Completing Form B (Supervised Clinical Practicum Hours)	7
8.	Supporting Documents	7 - 10
	a) Evidence of Canadian Citizenship or Status in Canada.....	7
	b) Evidence of Changing Name	7
	c) Official Transcripts.....	7 - 8
	d) Letter from Your Program Director.....	8
	e) Translated Documents	8
	f) Program Syllabus	8 - 9
	g) Academic Credential Assessment	9
	h) Verification of English or French Language Proficiency	9 - 11
9.	Completing the Initial Certificate Registration Form	11 - 12
	a) Mentor’s Name.....	11
	b) Employment Information	11
	c) Professional Liability Insurance	11 - 12
10.	Fees	12 - 13
11.	The Review Process.....	13
12.	Review by the Registration Committee	13 - 14
13.	Appeals	14
14.	Important Information	15

INTRODUCTION

The practice of audiology and speech-language pathology is governed under the *Regulated Health Professions Act, 1991* and the *Audiology and Speech-Language Pathology Act, 1991*.

Every individual working in Ontario as an audiologist or a speech-language pathologist must be registered with the College of Audiologists and Speech-Language Pathologists of Ontario (“the College” or “CASLPO”) before they commence employment. Registration with the College entitles the member to use the protected titles “audiologist”, “speech-language pathologist”, “speech therapist” or any variation or abbreviation thereof in this province. Registration also entitles the member to hold himself or herself out as a person who is qualified to practise in Ontario and perform any controlled acts authorized to their profession in the *Audiology and Speech-Language Pathology Act*. Failure to register is a significant offence and can result in disciplinary action and/or fines.

The College views unauthorized practice very seriously. Failure to register is a significant offence and can result in disciplinary action and/or fines.

If you have any questions regarding becoming registered with CASLPO, please forward your questions to Program Assistant for Registration Services at:

By Telephone: 416-975-5347 ext. 213 or (*Toll-free in Ontario*) 1-800-993-9459 ext. 213

By Email: cprashad@caslpo.com

By mail: CASLPO
3080 Yonge Street
Suite 5060, Box 71
Toronto, Ontario M4N 3N1

INITIAL CERTIFICATE OF REGISTRATION

The College offers an Initial certificate of registration to applicants who are new graduates from a master’s program in audiology or speech-language pathology; or to applicants who have less than two years of professional practice experience in another jurisdiction or to applicants who have been absent from professional practice for more than three years. The Initial registrant is mentored for a minimum period of six months during which the Initial practice registrant must complete a minimum of 500 hours of patient care.

REGISTRATION REQUIREMENTS

The applicant must meet the registration requirements posted on CASLPO’s website at www.caslpo.com under Legislation & Regulations/Regulations/Registration.

DEGREE REQUIREMENTS:

To become registered as an audiologist or a speech-language pathologist in Ontario, you need to have successfully completed a professional master's degree in speech-language pathology or audiology or both from a university in Ontario, or a degree or diploma granted by a university outside Ontario, that is determined to be equivalent to the Ontario degree by the Registration Committee.

VERIFICATION OF COMPLETION OF DEGREE:

If your university degree has not yet been conferred, you must submit a letter from the Director (or designate) of the university program verifying that you have completed all the requirements for your degree and confirming the date that your degree will be conferred.

VERIFICATION OF CONTENT OF AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY EDUCATION PROGRAM:

Your audiology or speech-language pathology education program must have at least:

270 hours of course work in basic communication processes which include,

- i. The anatomic and physiologic basis for normal development and use of speech, language and hearing.
 - ii. Physical bases and processes of the production and perception of speech, and
 - iii. Perceptual processes and psycholinguistic variables related to normal development and use of speech, language and hearing.
2. 200 hours of course work in related areas which include,
- i. study of human behaviour, both normal and abnormal,
 - ii. statistics, and
 - iii. Administrative organization of speech language pathology and/or audiology programs.
3. 360 hours of course work in the major professional area which provides in-depth study of disorders of speech and language or of hearing functioning and clinical evaluation and treatment of communication disorders.

In the interest of public protection, the College's Registration Committee has defined "in-depth study of disorders of speech and language or of hearing functioning and clinical evaluation and treatment of communication disorders" as study consisting of the following minimum content:

For Speech-Language Pathology Majors:

- Developmental Articulation/Phonological Disorders
- Neurologically Based Speech Disorders
- Developmental Language Disorders
- Acquired Language Disorders
- Voice Disorders
- Resonance and Structurally Related Disorders
- Fluency Disorders
- Augmentative and Alternative Communication
- Dysphagia

For Audiology Majors:

- Hearing Disorders (peripheral & central)
- Hearing Measurement
- Diagnostic Audiology
- Electrophysiologic Measurements
- Advanced Amplification (systems, selection, fitting, verification and validation)
- Implantable Hearing Devices
- Instrumentation Systems (calibration, maintenance)
- Paediatric Audiology
- Aural Rehabilitation (children & adults)
- Occupational Hearing Loss

4. 90 hours of course work in the minor professional area which provides study in audiology for speech-language pathology majors and study in speech-language pathology for audiology majors.
5. 300 hours of supervised university accredited clinical practicum with both children and adults representing a wide variety of communication disorders in the area in which registration is sought and consisting of,
 - i. at least 225 hours of experience must be within the major professional area, and
 - ii. a minimum of 20 hours in the minor area.

PROFICIENCY IN ENGLISH OR FRENCH:

You must be able to communicate effectively in either English or French. If your primary language is not English or French, and if you graduated from a university program in audiology or speech-language pathology where the language of instruction of the full program is not English or French, you must submit scores from one of the College's approved language proficiency tests that meet or exceed the standards set by the College for language proficiency.

CANADIAN CITIZENSHIP, PERMANENT RESIDENT STATUS OR A VALID WORK PERMIT:

You must provide the College with proof of Canadian citizenship, permanent resident status or authorization under the Immigration and Refugee Protection Act (Canada) to practise audiology or speech-language pathology.

However, please be advised that the College will evaluate your qualifications for registration in advance of your completion of your immigration to Canada.

HOW TO REGISTER

Step 1: Please read the entire guide before you start the process. If you have any questions, contact the College at cprashad@caslpo.com or by telephone at 416-975-5347 ext. 213.

Step 2: Gather all of the documents that you need to include with your application. You may arrange for some documents to be sent directly to the College by institutions on your behalf. If these documents arrive ahead of your application, the College will file these documents until your application arrives at the College. If any of your documents are in a language other than English or French, you must arrange to have these documents translated before you submit them to the College.

Step 3: Send in your application form along with the required supporting documents and fees.

Step 4: When the College has everything, we will evaluate your qualifications. Please understand that the requirements for registration are based upon Ontario legislation and professional standards.

If you meet the requirements for registration, you must submit a Registration Form and the remaining fees for registration in order for your certificate of registration to be issued.

If you do not meet all the requirements for registration, your application will be referred to the College's Registration Committee for further review. After the College's Registration Committee has reviewed your application, you will be notified in writing regarding the Committee's decision regarding your application.

COMPLETING THE INITIAL CERTIFICATE APPLICATION FORM

Please ensure that your application form is completed and that you have signed your declaration. An incomplete application form will delay the approval process.

Name:

A member's name in the register shall be the full name indicated on the documents used to support the member's initial registration with the College.

If changes need to be made after you have submitted your application, please provide the College with proof of name change (marriage/divorce certificates or evidence of legal name change).

It is considered professional misconduct to practice under a name other than the one you have registered with the College. The name that appears on the College register must be the name that you use when you provide services.

Address Information:

Your residential mailing address must be provided on this form; this includes your postal code. Your residential address will not appear on the public register unless you later designate it as your business address.

Legislation requires the Register to list each member's business address. It is your responsibility to keep the College advised of any changes specific to your business and residential addresses.

Email:

The College will use this e-mail address to communicate with you electronically during the registration process. Please indicate the e-mail address that you would like the College to use.

Conduct:

Please answer all questions truthfully. Answers will be kept strictly confidential and are used only in the registration process. Should you make a false declaration in this (or any other section) of the application, you may be disqualified from the registration process. If you have already been registered, the Council of the College may revoke your registration.

Should you answer "yes" to any of the questions listed on the application, please supply the College with a detailed summary explaining the circumstances of your situation. You may be asked for further details for clarification.

Declaration:

Do not forget to sign your form. Please note that false statements brought to the attention of the College can lead to the revocation of your certificate of registration.

COMPLETING FORM A (COURSE WORK REQUIREMENTS)

Applicants must have a professional master's degree in speech-language pathology or audiology or both from a university in Ontario, or a degree or diploma granted by a university outside Ontario, that is determined to be equivalent to the Ontario degree by the Registration Committee in accordance with subsection 13 (2) of *Ontario Regulation 543/94*.

All applicants must complete the academic course work section of the application. The course work requirements (Form A) reflect the minimal course work hours necessary for practice in Ontario.

An applicant may use both graduate and undergraduate university level course work to fulfill CASLPO's academic course work requirements. Please be advised that CASLPO recognizes only university level course work towards meeting the requirements for CASLPO registration. Course work completed at a community college level (i.e. at Colleges of Applied Arts and Technology or equivalent) will not be accepted.

Course work hours refer to the total number of hours of course instruction. This includes university lectures, tutorials and seminars. University practicum hours may not be included on Form A. In addition, self study hours (i.e. activities such as essay writing, researching, reading, assignments, projects, etc) may not be used to meet CASLPO's requirements.

For a course scheduled two hours weekly over an 11-week period, the course work hours would total 22. For a course scheduled three hours weekly over a 15-week period, the course work hours would total 45. Please note that hours of self study may not be used to meet CASLPO's requirements.

Applicants may also calculate course hours by using the number of semester hour credits or quarter hour credits awarded for each course. CASLPO requires a minimum of:

BASIC COMMUNICATION PROCESSES	RELATED AREA	MAJOR PROFESSIONAL AREA	MINOR PROFESSIONAL AREA
270 course work hrs or 18 semester hrs or 27 quarter hrs	200 course work hrs or 14 semester hrs or 20 quarter hrs	360 course work hrs or 24 semester hrs or 36 quarter hrs	90 course work hrs or 6 semester hrs or 9 quarter hrs

BASIC COMMUNICATION PROCESSES - (270 hours minimum)

Courses within this section should be included:

- Anatomical, physiological and neurological bases for the normal development of speech, language and hearing (e.g. Neuroscience, Human Anatomy/Physiology, Genetics)
- Physical bases and processes of the production and perception of speech and hearing (e.g., acoustics, phonology, acoustic phonetics, speech science, hearing science)
- Perceptual processes and psycholinguistic variables related to the normal development and use of speech, language and hearing (e.g., linguistics, psycholinguistics, normal language development)

RELATED AREAS - (200 hours minimum)

Courses within this section may include:

- Study of human behaviour, both normal and abnormal (e.g. psychology, sociology, anthropology, education)
- Statistics (e.g. Basic Statistics, Research Methods, Research Design)
- Administrative organization of speech-language pathology/audiology programs (e.g. Professional practices and issues)

MAJOR PROFESSIONAL AREA - (360 hours minimum)

Courses within this section provide in-depth study of disorders of speech and language or of hearing functioning and clinical evaluation and treatment of communication disorders. In-depth study of disorders of speech and language or of hearing functioning and clinical evaluation and treatment of communication disorders” is defined as study consisting of the following minimum content:

For Speech-Language Pathology Majors

- Developmental Articulation/Phonological Disorders
- Neurologically Based Speech Disorders
- Developmental Language Disorders
- Acquired Language Disorders
- Voice Disorders
- Resonance and Structurally Related Disorders
- Fluency Disorders
- Augmentative and Alternative Communication
- Dysphagia

For Audiology Majors

- Hearing Disorders (peripheral & central)
- Hearing Measurement
- Diagnostic Audiology
- Electrophysiologic Measurements
- Advanced Amplification (systems, selection, fitting, verification and validation)
- Implantable Hearing Devices
- Instrumentation Systems (calibration, maintenance)
- Paediatric Audiology
- Aural Rehabilitation (children & adults)
- Occupational Hearing Loss

MINOR PROFESSIONAL AREA - (90 hours minimum)

Courses within this section provide study in audiology for speech-language pathology majors and study in speech-language pathology for audiology majors.

For Speech-Language Pathology Majors

- Hearing Disorders & Hearing Evaluation
- Habilitative/Rehabilitative Procedures for Individuals with a Hearing Impairment.

For Audiology Majors

- Speech Disorders
- Language Disorders
- Assessment And Rehabilitative Procedures Of Speech-Language Disorders

Please be advised that if you have used a course to satisfy the requirements in one category, you cannot use the same hours to satisfy another requirement in another category.

COMPLETING FORM B (SUPERVISED CLINICAL PRACTICUM HOURS)

Your Program Director or designate of the Audiology or Speech-Language Pathology program must complete Form B detailing the supervised clinical practice hours completed within your educational program. Graduates of Canadian programs may submit the CASLPA Clinical Hours Form in place of the Form B. Photocopies are not acceptable.

A total (minimum) of **300 hours of university supervised clinical practice** within your academic program of study are required. These clock hours must involve direct clinical experience with individuals possessing communicative disorders. At least **225** of these 300 hours must be direct in the major professional area in which registration is sought with clients representing a wide range of problems. This experience must include assessment, management, and work with both children and adults. A minimum of **20** clock hours of direct clinical experience must be obtained in the minor professional area.

Direct clinical experience refers to shared supervised clinical activities or solo supervised clinical activities involving direct patient/client contact.

Please be advised that no more than 30 of the 300 required hours may fall into the category of simulated practice and case conferences with clinical supervisors. Simulated Practice refers to activities using standardized or simulated patients and case conferences with clinical supervisors refer to discussions between you and your clinical supervisor related to a specific patient/client.

Please also be advised that observation hours may not be included towards meeting CASLPO's requirements for practicum. Observation hours refer to activities where you have no active involvement.

SUPPORTING DOCUMENTS

All applicants must submit the following supporting documents with his/her Initial Certificate Application Form:

Evidence of Canadian Citizenship or Status in Canada:

Canadian citizens must submit a copy of his/her valid Canadian passport or a Canadian birth certificate or both sides of your Canadian citizenship card.

Non-Canadian citizens must submit a copy of your record of landing, your permanent resident card or your valid employment authorization (i.e. work permit).

The Registrar will revoke a member's certificate of registration as soon as the Registrar has knowledge of the fact that the member has ceased to be a Canadian citizen or a permanent resident of Canada or is no longer authorized by the Immigration Act (Canada) to engage in the practice of the profession in Canada.

Evidence of Changing Name:

If your current name is different from the name on birth certificate, citizenship card, passport, record of landing or permanent residency card, you must provide either a copy of your marriage certificate or legal change of name document.

Official Transcripts:

An official transcript of your undergraduate and graduate degrees must be sent directly to the College from the universities attended.

If due to exceptional circumstances (i.e. war, political hardship, loss of records, closure of schools) necessary academic documents may not be obtained from the university attended, please contact the Director of Registration Services to obtain guidelines for the submission of a statutory declaration relating to the course content.

Please also note that you must provide the College with an official transcript to verify any course listed on your Form A.

If you obtained a degree from a country outside of Canada or the United States, you must have your academic credentials assessed and compared to Canadian educational standards. You will be responsible for the costs involved. If you require further information, please contact the Program Assistant for Registration Services for details.

Letter From Your Program Director:

If your transcript does not indicate that your degree has been conferred, a letter from the graduate Program Director must be submitted to CASLPO, verifying that you have completed the requirements for your graduate degree (i.e. all coursework, practicum and research projects/thesis papers) and also verifying the date on which your graduate degree will be awarded. Your application will **not** be processed until the College has received verification that you have completed all of the requirements for your graduate degree.

If your degree has not yet been conferred, you must submit an official transcript from your graduate program and a letter from your program director regarding the completion of your degree. Both documents are required.

Translated Documents:

All documents and letters not written in the English or French language must be accompanied by an official translation. The applicant is responsible for the payment of translation fees.

We accept translations from:

- The consulate, high commission or embassy (in Ontario) for the country that issued the documents.
- A Canadian consulate, high commission or embassy in the country from which you emigrated.
- A certified member of the Association of Translators and Interpreters of Ontario (ATIO). To obtain the name of a member translator from the ATIO, call 1-800-234-5030. Please confirm with ATIO that the translator is certified to translate into English from the language of the document. Translations completed by associated members of ATIO are not acceptable.
- A translator accredited by a professional association of translators in Canada.
- A translator accredited by a federal, provincial or municipal government in Canada.

You must ensure that the translation is clearly identified so that we can match it to your file and that it meets the following requirements:

All translations must be original and accompanied by the translator's statement indicating:

- That the translation is accurate and authentic;
- That the translator belongs to one of the categories listed above (identification number and/or seal, name, address and telephone number are required)
- Full printed name and signature of the translator

Program Syllabus:

The Registration Committee will compare the depth and breadth of the applicant's curriculum with key subjects to identify deficiencies in the curriculum and any of its components.

The applicant must submit detailed descriptions of his/her program of study to the College. Course outlines should include:

- a. Course objectives and format
- b. Total number of lecture hours
- c. Required assignments or reports
- d. Required text
- e. Required readings
- f. Type of examination
- g. Method of evaluation

Academic Credentials Assessment:

If the applicant is a graduate from a university outside Canada or the USA, the applicant must obtain an assessment of their academic credentials and a comparison to Ontario educational standards. The cost of this assessment is the responsibility of the applicant. An assessment must be obtained from one of the credentialing agencies recognized by the Inter-provincial Mutual Recognition Agreement. The Inter-provincial Mutual Recognition Agreement recognizes the following credentialing agencies:

1. Comparative Education Service (CES)
University of Toronto – OISE building
252 Bloor Street West
4th floor, Room 132
Toronto, ON M5S 1V6
Tel: 416-978-2400 (ext 3)
Email: ces.info@utoronto.ca
Website: <http://learn.utoronto.ca/ces>
2. International Qualifications Assessment Service (IQAS)
9th Floor, 108 Street Building
9942 – 108 Street
Edmonton, AB T5K 2J5
Tel : 780-427-2655
Fax : 780-422-9734
Website: <http://www.advancededucation.gov.ab.ca/iqas/iqas.asp>
3. International Credential Evaluation Service (ICES)
3700 Willingdon Avenue
Burnaby, BC V5G 3H2
Tel: 604-432-8800
Fax: 604-435-7033
E-Mail: icesinfo@bcit.ca
Website: www.bcit.ca/ices
4. World Education Services (WES)
45 Charles Street East, Suite 700
Toronto, Ontario M4Y 1S2
Tel: 416-972-0070
Fax: 416-972-9004
E-Mail: canada@wes.org
Website: www.wes.org/ca

Verification Of English Or French Language Proficiency:

An applicant must be able to speak and write either English or French with reasonable fluency. If the applicant primary language is not English or French, and if the applicant graduated from a university where the language of instruction is not English or French, the applicant must demonstrate proficiency by one of the following methods:

Test of English as a Foreign Language (TOEFL)

- A minimum internet-based test (iBT) overall score of **100** is required with a score of **26** in both the writing and speaking sections of the test; or
- A minimum computer-based test (CBT) overall score of **250** is required with a minimum essay rating of **5** and a minimum score of **50** in the Test of Spoken English (TSE); and
- A minimum paper-based test (PBT) overall score of **600** is required with a minimum score of **50** in the TSE and a minimum score of **5** in the Test of Written English (TWE).

For more information on the TOEFL or the TSE, please contact:

TOEFL/TSE Services
PO Box 6151
Princeton, New Jersey 08547-6151
USA
Tel: 609-771-7100
Fax: 609-771-7500
TTY :609-734-9362
E-mail : toefl@ets.org
Website : <http://www.toefl.org>

The International English Language Testing System (IELTS):

- A minimum score of **8.0** is required from the IELTS.

For more information on the IELTS, please contact:

In Ontario:
IELTS Test Centre
Conestoga College
299 Doon Valley Drive
Kitchener, ON N2G 4M4
Tel: 519-748-3516
Fax: 519-748-3505
E-mail: ielts@conestogac.on.ca
Website: <http://www.conestogac.on.ca>

International:
IELTS Subject Manager
University of Cambridge
Local Examinations Syndicate
1 Hills Road
Cambridge CB1 2EU UK
Tel: 44 1223 553745
Fax: 44 1223 553020
E-mail: guymer.l@ucles.org.uk
Website : www.ielts.org

TESTCan (For demonstrating French Proficiency Only):

- A minimum score of **4.5** on each section – listening, reading, writing and speaking, is required from TESTCan.

TESTCan
Second Language Institute
University of Ottawa
600 King Edward Street
Ottawa, Ontario K1N 6N5
Telephone: 613-562-5743
Fax: 613-562-5216
Email: ils-sli@uottawa.ca
Website: <http://www.uottawa.ca>

The cost of these assessments is the responsibility of the applicant.

Please be advised that CASLPO's TOEFL code number is **8492**. Please enter this code on your answer sheet when you sit for the TOEFL examination. You should also enter the code on your Score Report Request Forms. Your scores will then be sent directly to the College from the Educational Testing Service.

The TOEFL tests are given regularly in many countries and in most provinces of Canada. If the applicant's TOEFL test was achieved more than two years prior to their application for a certificate of registration, the score achieved is no longer valid.

COMPLETING THE INITIAL CERTIFICATE REGISTRATION FORM

If you have secured employment, please submit a completed Initial Certificate Registration Form with your Initial Certificate Application Form and all applicable fees and supporting documents.

If you have **not** yet secured employment, please submit a completed Initial Certificate Application Form along with your application fee and supporting documents. Hold on to your Initial Certificate Registration Form until you have secured employment and then send it to the College with the remaining fees for registration as soon as you have accepted a job offer.

Please be advised that the College must issue your certificate of registration **before** you begin practising in Ontario.

Mentor's Name:

The name of your mentor must be provided to the College prior to beginning employment in Ontario. Your mentor must be a CASLPO member in good standing, with a general certificate of registration, as well as at least four years of professional practice experience. If you are having difficulty finding a mentor, please call the College for assistance.

Employment Information:

Information regarding employment is a requirement for the public register. Please ensure that your employment information is complete and accurate. If you have not secured employment at the time of you wish to submit your application, keep the Initial Certificate Registration Form and send it to the College as soon as the information is available.

Professional Liability Insurance:

The applicant must submit to the College a completed Initial Certificate Registration Form that confirms their liability insurance coverage of two million dollars per claim and includes the following information:

1. Carrier Name,
2. Policy Certificate Number, and
3. Policy Expiry Date

For many applicants, liability insurance coverage may be attainable from their employing institutions. If your employing institution does not provide professional liability coverage for their employees, insurance coverage may be obtained from one of the following companies:

Willis Canada
145 King Street West, Suite 1200
Toronto, ON M5H 1J8
Phone: 416-869-1320
Fax: 416-869-1649
Toll Free: 1-800-268-8532

Professional liability insurance can be obtained through your provincial or national associations. For rates, please contact your desired association:

Canadian Association of Speech-Language Pathology and Audiology (CASLPA) members contact:
 One Nicholas Street, Suite 1000
 Ottawa, ON K1N 7B7
 Tel: 613-567-9968 or 1-800-259-8519
 Fax: 613-567-2859
 Email: caslpa@caslpa.ca
 Website: www.caslpa.ca

Ontario Association of Speech Language Pathology and Audiology (OSLA) members contact:
 410 Jarvis Street
 Toronto ON M4Y 2G6
 Tel: 416-920-3676 or 1-800-718-6752
 Fax: 416-920-6214
 Email: mail@osla.on.ca
 Website: www.osla.on.ca

Please be advised that CASLPO does not endorse any of the above-mentioned companies. Applicants are responsible for conducting their own research and may do business with any company that is best suited to their needs.

FEES

Application Fee:

The application fee is due and payable with the submission of an application. The application fee is: **\$100.00.**

The application fee must be paid by a cheque or money order separate from the registration fee and the prorated annual fee.

Registration Fee And Annual Fees:

In order to complete your registration with CASLPO, the following fees are required:

1. An registration fee payment of **\$200.00**; and
2. A prorated annual fee payment.

Do not send your registration fee and/or prorated fee payment until after the College's Registration Committee has reviewed and approved your application. Once the Registration Committee has approved your application and you have secured employment, you must submit the registration fee and the prorated annual fee with your Initial Certificate Registration Form.

CASLPO's registration year begins on October 1st and ends on September 30th. The annual fee paid by you in the year of your first application is prorated according to the date your certificate of registration is issued and September 30 in the year. Prorated fees are as follows:

Date of Issuance of Certificate of Registration	Annual fee for an Initial Certificate of Registration
September 16 to October 15	12 months = \$300.00
October 16 to November 15	11 months = \$275.00
November 16 to December 15	10 months = \$250.00
December 16 to January 15	9 months = \$225.00
January 16 to February 15	8 months = \$200.00
February 16 to March 15	7 months = \$175.00
March 16 to April 15	6 months = \$150.00
April 16 to May 15	5 months = \$125.00
May 16 to June 15	4 months = \$100.00
June 16 to July 15	3 months = \$75.00
July 16 to August 15	2 months = \$50.00
August 16 to September 15	1 month = \$25.00

Please be advised that the above-mentioned fees must be paid and the College must issue your certificate of registration before you begin working in Ontario.

Method of Payment:

Fees may be paid using the following payment methods:

1. Visa;
2. MasterCard;
3. Cheque; or
4. Money Order.

Payments made by cheque or money order (*in Canadian funds only*) should be made payable to “CASLPO”. Please give the College until at least one month after your certificate of registration has been issued to cash all cheques, and do not assume your cheque has been cashed prior to this time.

NSF cheques will incur an additional service charge of **\$50.00**.

REVIEW PROCESS

The College’s Director of Registration Services and the Program Assistant for Registration Services handle all inquiries regarding the registration process. Completed applications are reviewed to ascertain whether the applicant meets the current registration requirements. The College does not provide informal assessments of credentials.

When CASLPO receives an application package, the applicant will be notified of any missing documentation. Missing documentation will delay the review process. The review process usually takes approximately three weeks to complete if a review by the College’s Registration Committee is not required. Please be advised that the length of the College’s review process may vary for a variety of reasons.

If an applicant does not meet all of the registration requirements, a review by a panel of the College’s Registration Committee is required. When a review by a panel of the College’s Registration Committee is required, the review process usually takes between 4 to 6 months to complete.

The Registration Committee is expected to meet at least once every quarter. Additional meetings may be scheduled as needed.

If an applicant wishes to enquire about the status of their application, the applicant must contact College’s Program Assistant for Registration Services by phone number at 416-975-5347 extension 213 or 1-800-993-9459 extension 213 or e-mail at cprashad@caslpo.com.

REVIEW BY THE REGISTRATION COMMITTEE

An application for registration may be referred to the College’s Registration Committee for review if the Registrar:

- (a) has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements;
- (b) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or
- (c) proposes to refuse the application.

If your application is referred to the Registration Committee, the Registrar will give the applicant notice of the statutory grounds for the referral and of the applicant’s right to make written submissions.

An applicant may make written submissions to the panel within thirty days after receiving notice under subsection 15(3) or within any longer period the Registrar may specify in the notice.

A panel of the Registration Committee will consider the application at its next scheduled meeting, following receipt of the applicant's submission.

After considering the application and the submissions, a panel of the College's Registration Committee may make an order doing any one or more of the following:

1. Directing the Registrar to issue a certificate of registration.
2. Directing the Registrar to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel.
3. Directing the Registrar to issue a certificate of registration if the applicant successfully completes additional training specified by the panel.
4. Directing the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19(1).
5. Directing the Registrar to refuse to issue a certificate of registration.

If any information in the applicant's submission is unclear, the panel may also request additional information from the applicant before a decision is made.

A decision/order from a panel of the College's Registration Committee is mailed to the applicant within three weeks of the meeting date.

Applicants seeking a clarification of a Registration Panel's decision/order may call the Director of Registration Services.

If an applicant wishes to submit additional information after a decision as been made, the application may be referred back to the Registration Committee for reconsideration. The case would normally be reviewed at the next scheduled meeting of the Registration Committee.

APPEALS

An applicant who has received an order from a panel of the College's Registration Committee refusing to issue a certificate of registration or giving a certificate that has some limits or conditions can require the Health Professions Appeal and Review Board to either review or hold a hearing of his/her application for registration.

The Health Professions Appeal and Review Board may be reached at:

Health Professions Appeal and Review Board
151 Bloor Street West, 9th floor
Toronto, Ontario M5S 2T5
Tel: (416) 327-8512 Fax: (416) 327-8524

After the hearing or review, the Board will make an order doing any one or more of the following:

1. Confirming the order made by the panel.
2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.
3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate.

IMPORTANT INFORMATION

All original documentation submitted to the College throughout the registration process remains as part of the register and physical file; therefore such documents will **not** be returned regardless of whether your application is approved or denied for registration.

In accordance with the *Regulation Health Professions Act, 1991, Schedule 2*, upon written request CASLPO will provide an applicant with a photocopy of his or her application materials. The applicant must submit the following service fee with their written request:

- \$50.00 per request including the first twenty-five pages, and \$1.00 per page thereafter.



College of Audiologists and Speech-Language Pathologists of Ontario

3080 Yonge Street, Suite 5060, Bax 71, Toronto, Ontario M4N 3N1

Tel: 416-975-5347 Toll free in Ontario Only: 1-800-993-9459 Fax: 416-975-8394

INITIAL CERTIFICATE APPLICATION FORM

PERSONAL INFORMATION:		FOR OFFICE USE ONLY
Given name:	Middle Name or Initial:	
Surname:	Maiden name:	
Street Address		
City	Province	
Postal Code	Country	
Phone		Have you previously applied for or been issued a registration number by the College of Audiologists and Speech-Language Pathologists of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail		
Date of Birth (month-day-year)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

PROFESSION: Speech Language Pathology Audiology

CITIZENSHIP:

Are you a Canadian Citizen? Yes No

If not Canadian, are you a permanent resident/landed immigrant of Canada? Yes No

If not, do you have employment authorization under the Immigration Act? Yes No

Documentation verifying citizenship status must accompany this registration form.

LANGUAGE PROFICIENCY:

First Language: English French If Other, specify: _____

Language of SLP/AUD training: English French If Other, specify: _____

Will you provide professional services in: English French

If Other, please specify language(s): _____

Preferred Language of Correspondence from the College: English French

Proof of fluency is required, if your first language and your language of SLP/AUD instruction are not English or French.

FOR OFFICE USE ONLY	
Approval:	Date Approved:

EDUCATION:			
DEGREE/DIPLOMA	AREA OF CONCENTRATION	INSTITUTION	YEAR

Official transcripts must be forwarded by the educational institutions.

REGISTRATION/CERTIFICATION/LICENSURE:			
Are you or have you ever been registered/licensed/certified to practise as an Audiologist/ Speech-Language Pathologist in other provinces/states/countries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REGULATORY BODY/ PROFESSIONAL ASSOCIATION	PROVINCE/STATE/COUNTRY	REGISTRATION/ CERTIFICATION NO.	EXPIRY DATE:

CONDUCT:	
1. Have you been convicted of a criminal offence or an offence related to the practice of Audiology and/or Speech-Language Pathology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been the subject of a finding of professional misconduct, incompetence or incapacity, in Ontario or in another jurisdiction in relation to Audiology and/or Speech-Language Pathology or another regulated profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently the subject of a proceeding for professional misconduct, incompetence or incapacity, in Ontario or in another jurisdiction in relation to Audiology and/or Speech-Language Pathology or another regulated profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer(s) to any of the questions above is "Yes" please give details on a separate sheet of paper.	
<i>NOTE: Members of the College have a duty to provide the College with details of any of the above offences; findings and proceedings that relate to the member and that occur or arise after the registration of a member.</i>	

APPLICATION FEE PAYMENT:
You may pay the application fee by cheque, money order or by credit card. If you choose to send a cheque or money order, please make your payment payable to CASLPO. If you choose to pay by credit card, please fill out the information below.
<input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card Number: _____
AMOUNT AUTHORIZED: \$100.00 _____
Expiry date on card: _____ Name on card – PLEASE PRINT: _____
Signature _____

DECLARATION:

1. I hereby authorize the College of Audiologists and Speech-Language Pathologists to obtain information from other regulatory bodies, professional associations, educational institutions, present and former employers for the purposes related to my registration and qualifications.
2. I hereby certify that the statements made by me in this form are complete and correct. I understand that a false or misleading statement may be cause for revocation of my certificate of registration or other disciplinary action.
3. I will not practise without professional liability insurance for a minimum of \$2,000,000.00 per claim.
4. I understand that I must hold a current certificate of registration with CASLPO in order to practice Audiology and/or Speech-Language Pathology in Ontario and that I cannot use the terms "Audiologist", "Speech-Language Pathologist" or "Speech Therapist" unless I hold the corresponding certificate of registration.
5. I understand that it is my responsibility to notify CASLPO by mail, fax or electronic mail immediately of any change of name, business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, or mailing address.
6. I understand that if I provide my home address as my business address, my home address will be information that is available to the public.

Signature: _____ Date: _____

BEFORE MAILING YOUR APPLICATION:

Make sure you have included the items below that apply to your registration.

Everyone must include:

- | | |
|--|--|
| <input type="checkbox"/> A completed, signed, and dated application form; | <input type="checkbox"/> Form A, Coursework Requirements; |
| <input type="checkbox"/> A non-refundable application fee of:
\$75.00 (if educated within Ontario) or
\$100.00 (if educated outside of Ontario); | <input type="checkbox"/> Form B, Supervised Clinical Practicum; |
| <input type="checkbox"/> A registration fee of \$200.00*; | <input type="checkbox"/> Documentation to verify Canadian Citizenship, landed immigrant status or employment authorization under the Immigration Act; |
| <input type="checkbox"/> A prorated annual fee (see guide)*; | <input type="checkbox"/> Official transcripts** or documentation or a written statement confirming that your official transcripts are being forwarded to CASLPO. |
| <input type="checkbox"/> A completed Initial Certificate Registration Form*; | |

**If you have not yet secured employment or if you have not yet obtained residency or a working visa or if you are an internationally trained audiologist or speech-language pathologist, do not send your Initial Certificate Registration Form, registration fee and prorated annual fee at this time.*

*** Official transcripts must be submitted to CASLPO in a university sealed envelope.*

Please refer to the guide to determine if you need to include:

- | | |
|---|---|
| <input type="checkbox"/> A letter from the graduate Program Director verifying that you have completed all academic and clinical requirements of the program and also verifying the date on which your graduate degree will be awarded. | <input type="checkbox"/> An assessment report of your academic credentials; |
| | <input type="checkbox"/> A program syllabus; |
| | <input type="checkbox"/> Proof of English/French fluency; |
| | <input type="checkbox"/> Documents in a language other than English or French must be accompanied by official English or French translations. |



FORM A: COURSE WORK REQUIREMENTS

A1/3

CLOCK HOURS CALCULATIONS

This refers to the number of hours of instruction in a course. If the course was taken for 15 weeks and there were two hours of instruction per week, the clock hours would total 30.

SECTION I

BASIC COMMUNICATION PROCESS

270 CLOCK HOURS

Anatomic & physiologic basis for normal development and use of speech, language and hearing.

COURSE #	COURSE NAME	HOURS

Physical bases and processes of the production and perception of speech

HOURS

	HOURS

Perceptual processes and psycholinguistic variables related to normal development and use of speech, language and hearing.

HOURS

	HOURS

TOTAL HOURS (270 CLOCK HOURS MINIMUM)



FORM A: COURSE WORK REQUIREMENTS

A2/3

SECTION II	RELATED AREAS	200 CLOCK HOURS
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Study of human behaviour, both normal and abnormal		
COURSE #	COURSE NAME	HOURS

Statistics		HOURS

Administrative organization of speech-language pathology and /or audiology programs		HOURS

TOTAL HOURS (200 CLOCK HOURS MINIMUM)	
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**FORM B: SUPERVISED CLINICAL PRACTICUM
[SPEECH-LANGUAGE PATHOLOGY - SLP]**

B1/2

SPEECH-LANGUAGE PATHOLOGY	EVALUATION		TREATMENT		SIMULATED PRACTICE	CASE CONFERENCES WITH CLINICAL SUPERVISORS
	CHILDREN	ADULTS	CHILDREN	ADULTS		
Minimum 225 clock hours of direct client contact						
Language Disorders						
Articulation Disorders						
Voice Disorders						
Fluency Disorders						
Related Disorders (List)						
SLP CLOCK HOURS						

AUDIOLOGY	EVALUATION		TREATMENT		SIMULATED PRACTICE	CASE CONFERENCES WITH CLINICAL SUPERVISORS
	CHILDREN	ADULTS	CHILDREN	ADULTS		
Minimum 20 clock hours of direct client contact						
Aural Rehabilitation						
Audiometric Testing						
AUD Clock Hours						

TOTAL CLOCK HOURS	SLP _____	+ AUD _____	= _____	MINIMUM OF 300
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Applicant's Name (Please print) _____

I verify that the above practicum experience was completed at _____
(Name of University)

(Program Director's Signature)

(Date)

N.B.: Graduates of Canadian programs may submit the CASLPA Clinical Hours Form in place of the above form. However, no more than 30 of the 300 required hours may fall into the category of simulated practice and case conferences with clinical supervisors.



**FORM B: SUPERVISED CLINICAL PRACTICUM
[AUDIOLOGY - AUD]**

B2/2

AUDIOLOGY	EVALUATION		TREATMENT		SIMULATED PRACTICE	CASE CONFERENCES WITH CLINICAL SUPERVISORS
	CHILDREN	ADULTS	CHILDREN	ADULTS		
Minimum 225 clock hours of direct client contact						
Diagnostic Audiology						
Hearing Aid Selection						
Aural (Re)Habilitation						
AUD CLOCK HOURS						

SPEECH-LANGUAGE PATHOLOGY	EVALUATION		TREATMENT		SIMULATED PRACTICE	CASE CONFERENCES WITH CLINICAL SUPERVISORS
	CHILDREN	ADULTS	CHILDREN	ADULTS		
Minimum 20 clock hours of direct client contact						
Assessment and management of speech & language disorders not related to hearing loss						
SLP Clock Hours						

TOTAL CLOCK HOURS	AUD _____	+	SLP _____	= _____	MINIMUM OF 300
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Applicant's Name (Please print) _____

I verify that the above practicum experience was completed at _____
(Name of University)

(Program Director's Signature)

(Date)

N.B.: Graduates of Canadian programs may submit the CASLPA Clinical Hours Form in place of the above form. However, no more than 30 of the 300 required hours may fall into the category of simulated practice and case conferences with clinical supervisors.



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INITIAL CERTIFICATE REGISTRATION FORM

Before your registration number may be issued, a completed Initial Certificate Registration Form must be received by the College.

- Complete Registration Form in full (print clearly), incomplete forms will delay the registration process.
- Include your registration fee of \$200.00 and a prorated annual fee payment (See Application Guide).

Applicant's Name:	<i>For Office Use Only</i>
Employment Start Date (month-day-year):	
Mentor's Name:	

Preferred Mailing Address: Residential Address Business Address

PRIMARY BUSINESS ADDRESS			
Organization:			
Department:			
Street:			
City/Province:		Postal Code:	
Country		Phone:	

PROFESSIONAL LIABILITY INSURANCE			
I have professional liability insurance coverage for a minimum of \$2,000,000.00 per claim.			
Signature: _____		Date: _____	
Carrier Name:			
Certificate No.:		Expiry (dd/mm/yy):	

FEES:			
You may pay by cheque, money order or by credit card. If you choose to send a cheque or money order, please make your payment payable to CASLPO. If you choose to pay by credit card, please fill out the information below.			
<input type="checkbox"/> Cheque/Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card Number: _____
Expiry date on card: _____		Name on card – PLEASE PRINT: _____	
Amount authorized: _____		Signature: _____	