GENERAL CERTIFICATE APPLICATION GUIDE
INTERNATIONAL GRADUATES
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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 practice in Ontario and perform any controlled acts authorized to their profession in the *Audiology and Speech-Language Pathology Act*.

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 the International Applications Coordinator:

Telephone: 416-975-5347 ext. 223 or (Toll-free in ON) 1-800-993-9459 ext. 223
Email: International_grad@caslpo.com
Mail: CASLPO, 3080 Yonge Street, Suite 5060, Box 71, Toronto, ON M4N 3N1
GENERAL CERTIFICATE OF REGISTRATION

The College offers a General certificate of registration to applicants who have successfully completed a prescribed period of mentored practice in Ontario or have satisfactorily completed a minimum of two years of professional practice in another jurisdiction, with a minimum of 750 hours of patient care or related work in audiology or speech-language pathology over the three years preceding the application. Holders of a General certificate of registration may provide patient care and/or related work in audiology or speech-language pathology autonomously and are permitted to engage in a broad range of activities within the scope of practice of audiology or speech-language pathology in Ontario.

REGISTRATION REQUIREMENTS

The applicant must meet all the registration requirements (both exemptible and non-exemptible) posted in Ontario Regulation 21/12 (http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_120021_e.htm).

DEGREE REQUIREMENTS

If you are an internationally educated graduate, you must have a professional master’s degree in audiology or speech-language pathology.

CONTENT OF AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY EDUCATION PROGRAM

Your professional master’s degree in audiology or speech-language pathology must also have the following content:

1. 270 hours of coursework 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 coursework 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 coursework, at a standard satisfactory to the Registration Committee, in the major professional area which provides in-depth study of,
i. disorders of speech and language or of hearing functioning, and
ii. 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 (including aphasia and cognitive communication disorders)
- Voice Disorders
- Resonance/Structurally Related Disorders (including cleft palate and laryngectomy management)
- 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 (including cochlear implants and BAHA)
- Instrumentation Systems (calibration, maintenance)
- Paediatric Audiology
- Habilitation and Rehabilitation Procedures (including aural rehabilitation for children & adults)
- Occupational Hearing Loss
- Vestibular Disorders
- Tinnitus, including Hyperacusis
4. 90 hours of coursework 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,
   • at least 225 hours of experience must be within the major professional area, and
   • 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 you graduated from a university program in audiology or speech-language pathology where the language of instruction of the full program (i.e. both theoretical and practical courses) 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 practice 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.

REGISTRATION IN ANOTHER JURISDICTION
If you are currently or if you have previously been registered or licensed by a regulatory body in a health profession, you must provide a letter or a completed Form C: Verification of Registration/Licensure confirming that you are in good standing from each regulating body where you are currently or were previously registered or licensed.

EMPLOYMENT REFERENCE
You must provide evidence of at least two years of professional experience following the completion of your professional master's degree. This would include providing the College with completed Form D: Reference Request completed by your most recent employer(s) or if you are self-employed, a letter of reference from a previous employer or professional peer.

RECENT PRACTICE
General members of CASLPO must provide at least 750 hours of patient care or related work in audiology or speech-language pathology every three years.
If you have not provided at least 750 hours of patient care or related work in audiology or speech-language pathology over the three year period preceding the submission of your application, a certificate of registration may be issued to you with terms, conditions or limitations, if you consent to the imposition and a panel of the Registration Committee approves.

If you do not consent to the terms, conditions or limitations proposed by the Registrar, the Registrar shall refer your application to a panel of the Registration Committee for consideration.

**HOW TO APPLY**

**Step 1:** Please read the entire guide before you start the process. If you have any questions, contact the College at International_grad@caslpo.com or by telephone at 416-975-5347 ext. 223.

**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 received your completed application along with the required supporting documents and an application fee payment, your qualifications will be evaluated. 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 GENERAL CERTIFICATE APPLICATION FORM

Please print all information clearly. Ensure that your application form is complete 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.
CURRENT/PREVIOUS REGISTRATION/LICENSURE:
List any current and/or previous registrations or licenses held with any regulatory or licensing bodies in any jurisdiction and in any health profession.

PROFESSIONAL EXPERIENCE:
List your history of professional practice in audiology or speech-language pathology.

You must provide evidence of at least 2 years of professional experience as an audiologist or a speech-language pathologist in another jurisdiction to qualify for a general certificate of registration.

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 (COURSEWORK REQUIREMENTS)
Applicants must have a professional master's degree in speech-language pathology or audiology or both in accordance with subsection 5 (2) of Ontario Regulation 21/12.

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

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

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

**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)
- 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:
CONTENT AREAS

For Speech-Language Pathology Majors

- Developmental Articulation/Phonological Disorders
- Neurologically Based Speech Disorders
- Developmental Language Disorders
- Acquired Language Disorders (including aphasia and cognitive communication disorders)
- Voice Disorders
- Resonance/Structurally Related Disorders (including cleft palate and laryngectomy management)
- 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 (including cochlear implants and BAHA)
- Instrumentation Systems (calibration, maintenance)
- Paediatric Audiology
- Habilitation and Rehabilitation Procedures (including aural rehabilitation for children & adults)
- Occupational Hearing Loss
- Vestibular Disorders
- Tinnitus, including Hyperacusis

You must indicate whether or not each of the required content areas was covered in university program. For each content area, please indicate the name of the course in which that content area was covered, as well as the page of the syllabus that demonstrates this information (or if the whole syllabus demonstrates this content area). If you cannot find information relating to a particular content area within the course syllabi, then you must contact the International Applications Coordinator to discuss acceptable alternative documentation of a particular content area.
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 (SUMMARY OF CLINICAL HOURS)

A Form B detailing the supervised clinical practice hours completed within your educational program must be completed by the Program Director (or designate) of your audiology or speech-language pathology program. Speech-Language and Audiology Canada’s Clinical Hours Form may also be submitted 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.

**COMPLETING FORM C (VERIFICATION OF REGISTRATION/LICENSE)**

If you have been registered/licensed to practice as a speech-language pathologist or audiologist in another jurisdiction or in another health profession in Ontario or another jurisdiction, must submit a completed Form C from each regulatory body that you currently or have previously held registration/licensure. A written letter confirming current membership is in good standing from a regulating body may be submitted as an alternative. Photocopies of membership cards or wall certificates will not be accepted.

**COMPLETING FORM D (REFERENCE REQUEST)**

Applicants must submit a completed Form D. A letter of reference from a recent employer or a professional peer may be submitted as an alternative.

Your Form D must confirm at least 2 years of professional experience. If you have worked less than two year with your current or most recent previous employer, you must submit another Form D from a different past employer. A combined total of the duration of employment documented on each form must add up to at least 2 years of professional experience.

**SUPPORTING DOCUMENTS**

All applicants must submit the following supporting documents with his/her General 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 and Refugee Protection 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 graduate and undergraduate degree programs must be sent directly to the College from the universities attended or must be provide with your application in a university sealed envelope.

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, you must also have your academic credentials assessed and compared to Canadian educational standards. You will be responsible for the costs involved. More information about the obtaining an academic credential assessment can be found on page 14 of this guide.

**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 you graduated from a university outside of Canada, you must obtain an assessment of your academic credentials and a comparison to Canadian 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:
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’s 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.

TOEFL
Website: [http://www.toefl.org](http://www.toefl.org)

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 International English Language Testing System (IELTS):
- A minimum score of 8.0 is required from the IELTS.

IELTS (In Canada):
Website: [https://www.ieltscanada.ca/](https://www.ieltscanada.ca/)
IELTS (International):
Website: [http://www.ielts.org/](http://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**
Website: [http://www.testcan.uottawa.ca/](http://www.testcan.uottawa.ca/)

The cost of these assessments is the responsibility of the applicant. The TOEFL and IELTS tests are given regularly in many countries and in most provinces of Canada.

If your TOEFL, IELTS or TESTCan test was achieved more than two years prior to your application for a certificate of registration, the score achieved is no longer valid.

**FEES**

**APPLICATION FEE:**

The application fee is due and payable with the submission of an application. The application fee is $150.00.

The application fee must be paid when you submit your application form.

**REGISTRATION FEE AND ANNUAL FEES:**

After the review of your application has been completed, CASLPO’s Program Assistant for Registration Services will contact you regarding the steps for completing your registration with CASLPO.

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. A chart indicating the prorated annual fees charged by CASLPO may be found online at: [http://caslpo.com/members/fees](http://caslpo.com/members/fees)
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.

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. However, the receipt of fees by the college DOES NOT confirm your eligibility for registration.

METHOD OF PAYMENT

Fees may be paid using the following payment methods: Visa, MasterCard, cheque, or 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 and declined credit cards will incur an additional service charge of $50.00.

OTHER COSTS ASSOCIATED WITH THE REGISTRATION PROCESS:

The fees associated with the following services may be obtained at the links provided below:

Credential Assessment:

2. Comparative Education Services (CES): http://learn.utoronto.ca/international-professionals/comparative-education-service-ces/general-use/service-fees

Language Proficiency Tests:

1. TOEFL: https://www.ets.org/toefl/ibt/about/fees/
2. IELTS: https://www.ieltscanada.ca/testfee
3. TESTCan: http://www.testcan.uottawa.ca/registration.php
REVIEW PROCESS

The International Applications Coordinator will handle all inquiries regarding the application process for International graduates. 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 within 5 to 10 business days of the College’s receipt of the application.

CASLPO begins the application review process after ALL of the required supporting documents have been received by the College. Missing documentation will delay the review process.

The review process usually takes between 3 to 6 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 International Applications Coordinator by phone number at 416-975-5347 extension 223 or 1-800-993-9459 extension 223 or e-mail at International_grad@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:

- has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements;
- 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
- 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 to five 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 has 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

PRIVACY

In the course of carrying out its regulatory activities, CASLPO collects, uses and discloses personal information in accordance with CASLPO’s privacy code, the Regulated Health Professions Act, 1991 and the Audiology and Speech-Language Pathology Act, 1991. While these regulatory activities are not of a commercial nature and therefore are not subject to the Federal “Personal Information Protection and Electronic Documents Act” (PIPEDA), the College promotes the privacy of personal information in a manner consistent with its regulatory role. A copy of CASLPO’s privacy code is available on the College’s website and in hard copy form upon request.
ACCESS TO RECORDS

All original documentation submitted to the College throughout the application process will be scanned by the College and stored permanently as a PDF document. The College will not be returning original documentation to applicants regardless of whether the College approves or denies an application.

Upon making a written request to the Director of Registration Services, applicants may have access to copies of all documents submitted during the application process. The following service fee is also required with the applicant’s written request:
- $50.00 per request including the first twenty-five pages, and $1.00 per page thereafter.

Fees may be paid using the following payment methods:
- Visa;
- MasterCard;
- Cheque; or
- Money Order.

Written requests may be sent:
- By mail to CASLPO, 3080 Yonge Street, Suite 5060, Box 71, Toronto, ON M4N 3N1; or
- By email to International_grad@caslpo.com

Copies are available in the following formats:
- Photocopy; or
- PDF.

The College will make every effort to respond to written requests within 15 business days of the request being received by the College.
APPENDIX - APPLICATION TIMELINES

Applications with no deficiencies

- Application is accepted.
- Applicant notified of the approval of application and requirements to complete registration process.
- Completed Registration form received.
- Remaining fees paid.
- Certificate of registration issued.

Timeline: 5 business days from receipt of completed registration form. the application file is complete.

Applications with deficiencies

- Application is not accepted.
- Applicant notified that application requires further consideration by the College.
- In depth review of applicant’s documentation.
- Identification of deficiencies completed.
- Applicant provided with a Notice of Referral to the Registration Committee.

Timeline: 8 weeks after notification that application requires further consideration that application requires further consideration.

College receives a written submission (if applicable) from the applicant in response to Notice of Referral.
Timeline: 30 days from the applicant’s receipt of the Notice of Referral.

Application is reviewed by the Registration Committee at the next available Committee meeting.
Timeline: Varied. The Committee meets quarterly.

Registration Committee’s decision is written and mailed to the applicant.
Timeline: 5 weeks from the date of the Registration Committee meeting or 7 weeks if a decision requires translation.
**PERSONAL INFORMATION:**

<table>
<thead>
<tr>
<th>Given name:</th>
<th>Middle Name or Initial:</th>
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</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Maiden name:</td>
</tr>
<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>City</td>
<td>Province</td>
</tr>
<tr>
<td>Postal Code</td>
<td>Country</td>
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<tr>
<td>Phone</td>
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<td>E-mail</td>
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</tbody>
</table>

**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:**

- Language of SLP/Audiology training: [ ] English [ ] French [ ] 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 language of SLP/AUD instruction is not English or French*

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Approval:</th>
<th>Date Approved:</th>
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</table>
### EDUCATION:

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<tr>
<th>DEGREE/DIPLOMA</th>
<th>AREA OF CONCENTRATION</th>
<th>INSTITUTION</th>
<th>YEAR</th>
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</table>

*Educational institutions must forward your official transcripts directly to the College.*

### REGISTRATION/ LICENSURE:

Are you or have you ever been registered or licensed to practice as an Audiologist or a Speech-Language Pathologist in another province/state/country?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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<th>REGISTRATION NO.</th>
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</tbody>
</table>

*Please arrange for regulating bodies to forward verification of registration/licensure directly to the College.*

### PATIENT CARE OR RELATED WORK:

Please check the first box that applies to you in the following list *(Note: 1 year full-time employment (37.5 hrs/wk) = 1,950 hours).*

- [ ] I have provided at least 750 hours of patient care or related work in **audiology** in the last three years.
- [ ] I have provided at least 750 hours of patient care or related work in **speech-language pathology** in the last three years.
- [ ] I do NOT meet any of the above requirements. *Explain* ____________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
PROFESSIONAL EXPERIENCE:

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Period of Employment: (YYYY/MM/DD)</th>
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<tr>
<td></td>
<td>From:</td>
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<td></td>
<td>To:</td>
</tr>
</tbody>
</table>

Position Held:

Address:

Employer:

Period of Employment: (YYYY/MM/DD)

From:                            
To: 

Position Held:

Address:

Employer:

Period of Employment: (YYYY/MM/DD)

From:                            
To: 

Position Held:

Address:

A completed Form D or letter of reference from your most recent/previous employer is required as verification of your satisfactory professional practice in another jurisdiction.

CONDUCT:

Applicants to the College have a duty to provide the College with details of any offences, findings and proceedings that relate to the member.

Please complete all questions in this section. If your answer(s) to any of the questions is "Yes" please give details on a separate sheet of paper.

1. Have you been convicted of any offence in Ontario or in any other jurisdiction inside or outside of Canada?  
   - Yes  
   - No

2. Do you have any existing charges against you, commenced on or after January 1, 2016, in respect of a federal, provincial or other offence?  
   - Yes  
   - No

3. Do you have any existing conditions, terms, orders, directions, or agreements commenced on or after January 1, 2016, relating to your custody or release in respect of federal, provincial or other offence processes?  
   - Yes  
   - No

4. Do you have any findings of professional misconduct, incompetence, or incapacity or similar findings that have been made against you by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal?  
   - Yes  
   - No

5. Are you currently the subject of a proceeding for professional misconduct, incompetence, or incapacity by a body that governs a profession, inside or outside of Ontario?  
   - Yes  
   - No

6. Have you been denied registration, licensure or similar status by any regulatory body (health profession or another profession) in Ontario or any another jurisdiction in or out of Canada?  
   - Yes  
   - No

7. Have you had your registration, licensure or similar status suspended or revoked by any regulatory body (health profession or another profession) in Ontario or any another jurisdiction in or out of Canada?  
   - Yes  
   - No

If your answer(s) to any of the questions above is "Yes" please give details on a separate sheet of paper.
**DECLARATION:**

1. I hereby authorize the College of Audiologists and Speech-Language Pathologists of Ontario 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.

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 agree and understand that I must notify the College in writing of any change to my name, home address, home telephone number, email address or if my citizenship, residency, or employment authorization status changes within 30 days of the change occurring.

6. I agree and understand that I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions in the above Conduct section within 30 days of the change occurring.

7. I understand that making a false or misleading statement or representation in respect to my application will be considered to be an act of professional misconduct and may lead to discipline and other proceedings.

Signature: ___________________________ Date: ___________________

---

**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.

Please be advised that NSF cheques and declined credit cards will incur an additional service charge of $50.00

☐ Cheque/Money Order  ☐ Visa  ☐ MasterCard  Card Number: _______________________

Expiry date on card: _______________________  Name on card – PLEASE PRINT: _______________________

Amount authorized: $150.00  Signature: ___________________
GENERAL CERTIFICATE APPLICATION – INTERNATIONAL GRADUATES

BEFORE MAILING YOUR APPLICATION:

**DO NOT** submit documents with bindings, staples, tabs, or separators. **DO NOT** use highlighter on documents. Make sure you have included the items below that apply to your registration.

A **graduate of an international master’s degree program in audiology or speech-language pathology** must submit:

- A completed, signed, and dated General Certificate Application Form;
- An application fee (Please refer to the fees table at the following link: [http://caslpo.com/members/fees](http://caslpo.com/members/fees)).
- Official transcripts from your undergraduate and graduate programs must be submitted directly from the university or submitted to CASLPO in a university sealed envelope.
- A completed Form A – Course Work Requirements.
- A signed and verified Form B - Summary of Clinical Hours. Your university’s program director or a designate of your audiology or speech-language pathology university program must complete CASLPO’s Summary of Clinical Hours Form – Form B detailing the supervised clinical practice hours completed within your academic program. Photocopies are **not** acceptable.
- Form C - Verification of Registration/ Licensure or a written letter confirming current or previous registration/licensure from each jurisdiction where you are currently or where previously registered or licensed (if applicable).
- A completed Form D – Reference Request or a written letter confirming at least two years of professional practice in another jurisdiction.

Upon request by CASLPO, following review of your application submission:

- A completed, signed, and dated General Certificate Registration Form;
- A registration fee (Please refer to the fees table at the following link: [http://caslpo.com/members/fees](http://caslpo.com/members/fees)).
- Documentation to verify Canadian Citizenship, landed immigrant status or employment authorization under the *Immigration and Refugee Protection Act*.
- A syllabus that provides a detailed description of your program of study. 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 credential assessment obtained from one of the following credentialing agencies: International Qualifications Service (IQAS), World Education Services (WES), or University of Toronto Comparative Education Service (CES), *if applicable*.
- Evidence of English or French proficiency (i.e. TOEFL, IELTS or TestCAN) is required if English or French were **not** the languages of instruction for both theoretical courses and practicum in your audiology or speech-language pathology program.

**A prorated annual fee** (Please refer to the fees table at the following link: [http://caslpo.com/members/fees](http://caslpo.com/members/fees)).
Clock hours calculations

This refers to the number of hours of instruction in a course. Generally, a syllabus or transcript should indicate the number of lecture/tutorial hours per week as well as the number of weeks for the course. If that information is not contained in the syllabus, or on the transcript, please provide evidence of this information from your university or department.

<table>
<thead>
<tr>
<th>SECTION I</th>
<th>BASIC COMMUNICATION PROCESSES – 270 CLOCK HOURS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE #</td>
<td>COURSE NAME</td>
</tr>
<tr>
<td>Anatomic &amp; physiologic basis for normal development and use of speech, language, and hearing</td>
<td></td>
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<tr>
<td>Physical bases and processes of the production and perception of speech</td>
<td></td>
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<tr>
<td>Perceptual processes and psycholinguistics variables related to normal development and use of speech, language and hearing</td>
<td></td>
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</tbody>
</table>

TOTAL HOURS (270 CLOCK HOURS MINIMUM)
<table>
<thead>
<tr>
<th>SECTION II</th>
<th>RELATED AREAS – 200 CLOCK HOURS REQUIRED</th>
<th>TOTAL LECTURE/TUTORIAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE #</td>
<td>COURSE NAME</td>
<td></td>
</tr>
<tr>
<td>Study of human behaviour, both normal and abnormal</td>
<td></td>
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<tr>
<td>Statistics</td>
<td></td>
<td></td>
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<tr>
<td>Administrative organization of speech-language pathology and /or audiology programs</td>
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</table>

TOTAL HOURS (200 CLOCK HOURS MINIMUM)
### SECTION III

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE NAME</th>
<th>TOTAL LECTURE/TUTORIAL HOURS</th>
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<tbody>
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Include only courses, which provide an in-depth study of disorders in the major professional area. Include academic courses directed toward diagnostic and management issues.

**TOTAL HOURS (360 CLOCK HOURS MINIMUM)**

### SECTION IV

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE NAME</th>
<th>TOTAL LECTURE/TUTORIAL HOURS</th>
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</table>

Course work, which provides study in audiology for speech-language pathology majors, and study in speech-language pathology for audiology majors.

**TOTAL HOURS (90 CLOCK HOURS MINIMUM)**
## SECTION V
### CONTENT AREAS (SPEECH-LANGUAGE PATHOLOGY)

*Indicate where evidence of in-depth study of the following content areas may be found.*

<table>
<thead>
<tr>
<th>CONTENT AREA:</th>
<th>COURSE SYLLABUS/SYLLABI OR ATTACHED LETTER(S) FROM PROFESSOR</th>
<th>PAGE NUMBER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Articulation/Phonological Disorders</td>
<td></td>
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</tr>
<tr>
<td>Neurologically Based Speech Disorders (including dysarthria and apraxia)</td>
<td></td>
<td></td>
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<tr>
<td>Developmental Language Disorders (including literacy disorders)</td>
<td></td>
<td></td>
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<tr>
<td>Acquired Language Disorders (including Aphasia and Cognitive Communication Disorders)</td>
<td>Aphasia:</td>
<td></td>
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<tr>
<td></td>
<td>Cognitive Com Dis:</td>
<td></td>
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<tr>
<td>Voice Disorders</td>
<td></td>
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<tr>
<td>Resonance/Structurally Related Disorders (including Cleft Palate and Laryngectomy Management)</td>
<td>Cleft Palate:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laryngectomy Mgmt:</td>
<td></td>
</tr>
<tr>
<td>Fluency Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Augmentative and Alternative Communication</td>
<td></td>
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<tr>
<td>Dysphagia</td>
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</tbody>
</table>
## FORM A: COURSEWORK REQUIREMENTS

### SECTION V CONTENT AREAS (AUDIOLOGY)

Indicate where evidence of in-depth study of the following content areas may be found.

<table>
<thead>
<tr>
<th>CONTENT AREA:</th>
<th>COURSE SYLLABUS/SYLLABI OR ATTACHED LETTER(S) FROM PROFESSOR</th>
<th>PAGE NUMBER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Disorders (peripheral &amp; central)</td>
<td></td>
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<tr>
<td>Hearing Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Audiology</td>
<td></td>
<td></td>
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<tr>
<td>Electrophysiologic Measurements</td>
<td></td>
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<tr>
<td>Advanced Amplification (systems, selection, fitting, verification, and validation)</td>
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<tr>
<td>Implantable Hearing Devices (including Cochlear Implants and BAHA)</td>
<td>Cochlear Implants:</td>
<td></td>
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<tr>
<td></td>
<td>BAHA:</td>
<td></td>
</tr>
<tr>
<td>Calibration and Maintenance of Instrumentation Systems</td>
<td></td>
<td></td>
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<tr>
<td>Pediatric Audiology</td>
<td></td>
<td></td>
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<tr>
<td>Habilitation and Rehabilitation Procedures (Including aural rehabilitation for children &amp; adults)</td>
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<tr>
<td>Occupational Hearing Loss (e.g., hearing conservation)</td>
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<tr>
<td>Vestibular Disorders</td>
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<tr>
<td>Tinnitus, Including Hyperacusis</td>
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</tbody>
</table>
# CLINICAL PRACTICUM HOURS FORM
## (FOR SPEECH-LANGUAGE PATHOLOGY APPLICANTS)

<table>
<thead>
<tr>
<th>ASSESSMENT/IDENTIFICATION</th>
<th>TREATMENT/MANAGEMENT</th>
<th>SIMULATED PRACTICE</th>
<th>CASE CONFERENCES WITH CLINICAL SUPERVISORS</th>
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</thead>
<tbody>
<tr>
<td>CHILDREN</td>
<td>ADULTS</td>
<td>CHILDREN</td>
<td>ADULTS</td>
</tr>
</tbody>
</table>

### SLP – MINIMUM OF 225 HOURS OF EXPERIENCE

- Language Disorders
  - Developmental
  - Acquired
- Articulation/Phonology Disorders
- Voice/Resonance Disorders
- Fluency Disorders
- Dysphagia
- Motor Speech Disorders
- Related Disorders (List)

**TOTAL SLP HOURS**

### AUD – MINIMUM OF 20 HOURS OF EXPERIENCE

- Aural Rehabilitation
- Audiometric Testing

**TOTAL AUD Hours**

**GRAND TOTAL**

<table>
<thead>
<tr>
<th>SLP</th>
<th>AUD</th>
<th>MINIMUM OF 300</th>
</tr>
</thead>
</table>

### Applicant’s Name

(Please print)

I verify that the above practicum experience was completed at 

(Name of University)

At the [ ] Master’s level [ ] Bachelor’s level (Please use one form per degree)

(Program Director’s Signature)  (Date)

(Program Director’s Email Address)

---

**N.B.:** No more than 30 of the 300 required hours may fall into the category of simulated practice and case conferences with clinical supervisors. Graduates may submit Speech-Language and Audiology Canada’s (SAC’s) Clinical Hours Form in place of the above form.
**CLINICAL PRACTICUM HOURS FORM**
**(FOR AUDIOLOGY APPLICANTS)**

<table>
<thead>
<tr>
<th>ASSESSMENT/IDENTIFICATION</th>
<th>TREATMENT/MANAGEMENT</th>
<th>SIMULATED PRACTICE</th>
<th>CASE CONFERENCES WITH CLINICAL SUPERVISORS</th>
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<tbody>
<tr>
<td>CHILDREN</td>
<td>CHILDREN</td>
<td>ADULTS</td>
<td>ADULTS</td>
</tr>
</tbody>
</table>

**AUD – MINIMUM OF 225 HOURS OF DIRECT CLIENT CONTACT**

- Basic Audiometric Measurements
- Electro-Physiological Measurements
- Other Special Diagnostic Measurements
- Amplification
- Aural (Re)Habilitation Education Audiology
- Other (List)

**TOTAL AUD HOURS**

**SLP – MINIMUM OF 20 HOURS OF DIRECT CLIENT CONTACT**

- Assessment and management of speech & language disorders not related to hearing loss

**TOTAL SLP Hours**

**GRAND TOTAL**

<table>
<thead>
<tr>
<th>AUD HOURS</th>
<th>SLP HOURS</th>
<th>=</th>
<th>MINIMUM OF 300</th>
</tr>
</thead>
</table>

**Applicant’s Name** *(Please print)*

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

At the  ☐ Master’s level  ☐ Bachelor’s level *(Please use one form per degree)*

__________________________  _______________________
(Program Director’s Signature)  (Date)

__________________________
(Program Director’s Email Address)

**N.B.:**  *No more than 30 of the 300 required hours may fall into the category of simulated practice and case conferences with clinical supervisors. Graduates may submit Speech-Language and Audiology Canada’s (SAC’s) Clinical Hours Form in place of the above form.*
**FORM C: REGISTRATION/LICENSE VERIFICATION**

**SECTION A:** To be completed by applicant and forwarded to appropriate jurisdiction

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Names</th>
<th>Maiden Name</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>I was registered/licensed in your jurisdiction on:</th>
<th>Under Number:</th>
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<tbody>
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<td>YYYY MM DD</td>
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<tr>
<th>Graduated from:</th>
<th>In:</th>
<th>On:</th>
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<tr>
<td></td>
<td>City</td>
<td>Country</td>
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<tr>
<td></td>
<td>YYYY MM</td>
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<table>
<thead>
<tr>
<th>Present Address:</th>
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<table>
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<tr>
<th>Signature of Applicant:</th>
<th>Date (YYYY/MM/DD)</th>
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**SECTION B:** To be completed by a regulatory/licensing body and forwarded directly to the College of Audiologists and Speech-Language Pathologists of Ontario at 3080 Yonge Street, Suite 5060, Box 71, Toronto, ON M4N 3N1.

The individual listed above has applied for registration in Ontario. Before further consideration is given to this application, we need the information requested on this form.

<table>
<thead>
<tr>
<th>Class, Title or Category of Registration/License:</th>
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</table>

<table>
<thead>
<tr>
<th>Profession:</th>
<th>☐ Audiologist</th>
<th>☐ Speech-Language Pathologist</th>
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</thead>
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<table>
<thead>
<tr>
<th>Registration/License Number:</th>
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<th>Original Issue Date: (YYYY/MM/DD)</th>
<th>Expiry Date: (YYYY/MM/DD)</th>
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<tr>
<th>Registration/License:</th>
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<th>☐ inactive</th>
<th>☐ temporary</th>
<th>☐ other (explain)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Has the registration/licensure ever been suspended or revoked?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

*If yes, please explain reason on reverse side.*

<table>
<thead>
<tr>
<th>Has any disciplinary action been taken against this licensee?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

*If yes, please provide this office with any documentation regarding the disciplinary action.*

<table>
<thead>
<tr>
<th>Signature of Registrar/Secretary:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date: (YYYY/MM/DD)</th>
<th></th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone:</th>
<th></th>
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<table>
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<tr>
<th>Name of regulatory/licensing body:</th>
<th></th>
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</table>

( SEAL )
<table>
<thead>
<tr>
<th>Province/State/Country:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason(s) for suspension or revocation</th>
</tr>
</thead>
</table>
FORM D: REFERENCE REQUEST

Name of Applicant:

Address:

The above is seeking registration as a speech-language pathologist/audiologist in the Province of Ontario. Please complete this form on her/his behalf and return it directly to this office. Information received will assist in determining eligibility for registration in Ontario. Your cooperation in providing specific details related to practice is appreciated. Information obtained may be shared with the candidate and with the Health Professions Appeal and Review Board if necessary.

Dates of Employment: From (YYYY/MM/DD): ___________________________ To (YYYY/MM/DD): ___________________________

Position Held:

Employment Setting:

Responsibilities:

To the best of my knowledge, the above-named has satisfactorily completed at least two years of practice in audiology or speech-language pathology in this jurisdiction.  

☐ Yes  ☐ No

OR

To the best of my knowledge, the above-named has satisfactorily completed _____ months of practice in audiology or speech-language pathology in this jurisdiction.

☐ Yes  ☐ No

Name (print): __________________________________________ Title: __________________________________________

Signature: __________________________________________ Date: __________________________________________

Name of Employing Agency: __________________________________________

Mailing Address: __________________________________________

Email Address: __________________________________________