



MANDATORY REPORT: FORM

PART I

Registrant Information

Name of Audiologist or Speech-Language Pathologist being reported:

CASLPO Registrant # _____

Registrant's Practice Location(s) (If known): _____

PART II

This report relates to one or more of the following (please check all that apply):

- There are reasonable grounds to believe that a Registrant has sexually abused a patient
- There are reasonable grounds to believe that a Registrant is incompetent or is incapacitated.
- Registrant's employment has been terminated for reasons of professional misconduct, incompetence or incapacity
- Revocations, suspensions or restrictions have been imposed on the Registrant's privileges for reasons of professional misconduct, incompetence or incapacity
- A partnership, a health profession corporation or association with a Registrant has been dissolved for reasons of professional misconduct, incompetence or incapacity
- A Registrant resigns, or voluntarily relinquishes or restricts his or her privileges or practice due to concerns involving professional misconduct, incompetence or Incapacity
- A Registrant resigns, or voluntarily relinquishes or restricts his or her privileges or practice during an investigation (or as a result of) relating to concerns involving professional misconduct, incompetence or incapacity.

PART III

Outline of the Act/Omission/Conduct being reported (please include all relevant information such as dates and locations). *Please attach additional pages, if required.*

PART IV

Names and Contact Information of Any Potential Witnesses:

Please attach additional pages, if required.

PART V

Describe any Supporting Documentation Submitted with the Mandatory Report:

Note: Do not send originals of documents, do not redact information (including patient names). The following are examples of documents to submit:

- Documented Complaints;
- Relevant treatment notes and patient file (please send in a secure manner);
- Employee Learning Plans;
- Employment Evaluation Forms;
- Record of any Disciplinary History;
- Warning Letters;
- Termination letter; and
- Any other relevant employment records

By signing below, I certify all information that I am submitting to the College to be true and correct to the best of my knowledge. I further certify that I understand and have complied with the reporting obligations contained within the *Regulated Health Professions Act, 1991* (ss. 85.1-85.6) and that I am familiar with the SLP's or AUD's practice and am the appropriate person for the College to contact.

[Print your name]

[Signature]

Signed at _____, Ontario
[City]

Please submit completed form to:

Registrar/Director of Professional Conduct of College of
Audiologists and Speech-Language Pathologists of Ontario

Mail: 3080 Yonge Street, Suite 5060 Toronto ON M4N 3N1

Email: conduct@caslpo.com

Fax: 416-975-8394