



**INITIAL APPLICATION
FOR
PROVISIONAL REGULATED REGISTRATION**

Please provide the following information accurately and completely in order to establish your eligibility for registration with the College of Audiologists and Speech – Language Pathologists of Manitoba.

All information collected herein will be held private and confidential and will be contained within your permanent file upon successful registration with the College.

Some information, collected herein, is disclosed to the Office of the Manitoba Fairness Commissioner in a generic, non – identifying format. The role of the Office of the Manitoba Fairness Commissioner is to ensure fair and equitable treatment for all new applicants.

Personal Data

Current Legal Name:	Previous Last Name: (If applicable)	
Given Names:	Birthdate (yyyy/mm/dd)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Contact Information Street/P. O. Box Number: City: Province: Postal Code:	Business Contact Information Business Name: Street/P. O. Box Number: City: Province: Postal Code:	
Telephone	Business Telephone (direct line, include extension if applicable)	
Personal E – mail	Business E – mail	

Citizenship

Check the category that applies:		Office Use Evidence Provided/Expiry if Applicable
<input type="checkbox"/>	I am a Canadian Citizen.	
<input type="checkbox"/>	I am a Permanent Resident/Landed Immigrant of Canada.	
<input type="checkbox"/>	I have a valid work permit which allows me to work in Canada.	
<input type="checkbox"/>	I am making application from outside Canada. State the country in which you presently reside:	

- ❖ Documentation verifying citizenship status and / or eligibility to work in Canada must accompany this registration form.

Education

Indicate the country in which you received your relevant professional education.

Country of Education	Profession <input type="checkbox"/> Audiology <input type="checkbox"/> Speech – Language Pathology
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List **all** education achievements relevant to your professional designation (undergraduate, graduate, doctoral degrees).

- ❖ Arrange to have **all** Educational Institutions forward your **official transcripts** directly to CASLPM.

Degree/Diploma	Year	University	Province & Country

Professional Registration

Indicate each jurisdiction in which you are currently **and** have previously been registered to practice, if applicable.

Regulator	Jurisdiction (Province/ Country)	Registration Number	Expiry Date

- ❖ Each regulatory body or professional licensing organization from other jurisdictions must complete a **Verification of Registration FORM** and forward directly to CASLPM.

Disclosures

Please answer the following questions by indicating NO or YES.

If you answer YES to any of the questions, provide details on a separate piece of paper.

	NO	YES
1. Have you ever been convicted of a criminal offence?		
2. Have you ever had registration revoked, suspended, or denied by a regulatory authority governing the practice of a health profession, including audiology or speech – language pathology, in Manitoba or any jurisdiction?		
3. Are you the subject of a current investigation or proceeding in any jurisdiction which relates to your suitability to practise a health profession, including audiology or speech – language pathology?		
4. Have you ever been subject of a finding, in any jurisdiction, of conduct unbecoming, or professional misconduct, or incompetence related to your practice of a health profession, including audiology or speech – language pathology?		
5. Have you ever been subject of a finding of professional negligence or malpractice?		
6. Are there currently (or have there ever been), in any jurisdiction, any conditions placed on your ability to practice a health profession, including audiology or speech – language pathology?		
7. Are there any outstanding charges against you?		
8. Do you have a physical or mental condition or disorder, including an addiction to alcohol or drugs, that may impair your ability to engage in professional practice in a safe and effective manner?		

Continuing Obligations of Registration

If you are granted registration as a regulated registrant of the College:

1. You are obligated to inform the College of any changes to the information you have provided on this application form. When changes occur, promptly submit the new information to the Registrar.
2. You must provide a satisfactory criminal record check, a satisfactory child abuse registry check, and a satisfactory adult abuse registry check every five years after submission with your initial registration. You will be notified by the College when these checks must recur and be submitted to the Registrar.
3. You must maintain satisfactory professional liability insurance coverage, and report policy details to the College annually.

Declaration

- I hereby certify that I will engage in professional practice competently and with decency, integrity, and honesty and in accordance with the law;
- I hereby authorize the College of Audiologists and Speech – Language Pathologists of Manitoba to obtain information from outside sources (including, but not limited to, regulators, teaching institutions, professional associations, present and former employers, and government agencies) for the purpose of completing my application for registration.
- I hereby certify that the statements made by me in this application and all accompanying submissions are complete and accurate to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.
- I understand that I must notify the College in writing of any change to the information contained herein, within thirty (30) days of the change occurring.
- I understand that if I provide my home address as my business address, my home address will be information which is available to the public.

Applicant's Signature

Date