

ADVANCED COMPETENCY CERTIFICATION APPLICATION & NOTICE OF INTENT AUDIOLOGY

By mutual agreement between the supervisor and the applicant, any or all objectives may be extended beyond the minimum requirements.

All study and training components documented in support of the advanced competency certification must be completed no more than three (3) years prior to applying for the advanced competency certificate.

Please provide the following information accurately and completely in order to establish your intention to apply for an Advanced Competency Certification with the College of Audiologists and Speech-Language Pathologists of Manitoba.

Name

Email address

Date

CASLPM Registration No.

Registration Category

Full Regulated

Restricted Purpose Regulated

| Indicate the Advance Competency Certificate(s) that you wish to acquire. | | | |
|--|--------------------|-------------------------|--|
| Advance Competency | Name of Supervisor | Signature of Supervisor | |
| Vestibular Assessment and Management | | | |
| Cochlear Implant and Management | | | |

By typing your name here, you agree your electronic signature is the legal equivalent of your manual signature on this document.

| For office use only | | | |
|---|-------------------------|--|--|
| Registration Status | Certificate of Practice | | |
| Full Regulated Restricted Purpose Regulated | Valid | | |
| Advanced Competency Certificates granted | | | |
| | | | |
| Conditions, Terms, Limitations | | | |
| | | | |
| Registrar's Signature | Date | | |
| | | | |