



Voluntary Cancellation of Registration

Name:	CASLPM Registration #:
Audiologist	Speech-Language Pathologist
Present Registration Category	
Full Regulated	Non-Practising Regulated
Provisional Regulated	Inactive/Retired Regulated
Restricted Purpose Regulated	

I wish to cancel my registration with the College of Audiologists and Speech-Language Pathologists of Manitoba.

This cancellation will take effect as of midnight, December 31 of the current practice year. At that time, I understand that:

- My profile will be removed from the official Register of the College.
- The Certificate of Registration and Certificate of Practice (if applicable) issued to me by the College will be void.
- I will not be eligible to practice the profession, indicated above, in the province of Manitoba, after December 31.
- I will no longer be entitled to any of the rights or privileges provided to me when I held registration with the College.
- If I wish to practice the profession indicated above in Manitoba in the future, I must initiate a new application for registration with the College.

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