

By mutual agreement between the Registrar, 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 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 Advanced Competency Certificate(s) that you wish to acquire.		
Advanced Competency	Name of Supervisor	Signature of Supervisor
Fibreoptic Endoscopic Evaluation of Voice Disorders		
Fibreoptic Endoscopic Evaluation and Management of Swallowing Disorders		
Voice Restoration through the use of Voice Prostheses		
Swallowing and voice restoration through the use of Tracheotomy Tubes or Speaking Valves		
Videofluoroscopic Assessment of Adult Swallowing Disorders		
Videofluoroscopic Assessment of Pediatric Swallowing Disorders		

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	
<b>Registration Status</b>  Full Regulated  Restricted Purpose Regulated	<b>Certificate of Practice</b>  Valid
<b>Advanced Competency Certificates granted</b>	
<b>Conditions, Terms, Limitations</b>	
<b>Registrar's Signature</b>	<b>Date</b>