CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Committee Service Application

Name		CASLPM Registration #
Email	Profession Audiologist SLP	
Phone		

Practice Setting(s). Check all that apply.

Employed	Medical	Adult Geriatric	Urban Rural
Self-employed/Contract	Education	Birth to School-Entry School-Age	Inactive/ Retired
Self-employed/Private Practice	Agency	Other, please specify	

Committee Information

Preferred Committee	Availability	Commitment
Application Review	Monthly	1 year
Complaints	Bi-monthly (6x/year)	2 years
Continuing Competency	Quarterly (4x/year)	3 years
Inquiry	Flexible (up to 1x/month)	
Practice Advisory	Flexible (as needed)	
Working Group	Business hours only	
No Preference	Evening hours only	
	Business or evenings	

Please provide a brief description of your current practice.

Please provide a brief description of relevant experience.	
You may also include additional documentation to support your application: Resume Other – please list:	
Declarations	
I hereby certify that: I am a regulated registrant of the College. I have met all registrant obligations, required under regulation and law. I am eligible for appointment to a committee, as per the terms set out by CASLPM.	
Signature	Date

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