

Name		CASLPM Registration #	
Email		Profession	
Phone		Audiologist	SLP
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			
Application Review	Working Group		
Complaints Investigation	Which working group are you interested in?		
Continuing Competency			
Inquiry			
Practice Advisory	No Preference		
Special Interest	Consulting Role		
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:

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.