

EMPLOYMENT INFORMATION (includes self-employed)

Are you self-employed?: Yes No

(Note: If you are self-employed, please provide proof of liability insurance in the amount of \$2,000,000.00. This applies to anyone with one or more clients.)

Name of Company/Firm/Organization:
(Note: this is the name that will appear on the Registry.)

Name of Primary Work Facility (if different from above):

Address of Primary Work Facility:
(Note: this address will be listed on the Registry. If you are self-employed, check here: to consent to the publication of your home address on our Registry.)

Name of Secondary Work Facility:

Address of Secondary Work Facility:

RESERVED PROFESSIONAL TITLES

Please refer to the Speech and Hearing Health Professionals Regulation and College By-laws for definitions.

Check all that apply:

- Speech-Language Pathologist (SLP) – (complete Section II)
- Audiologist (AUD) – (complete Section II)*
- Hearing Instrument Practitioner (HIP) transferring under AIT – (complete Section III)**

**Dispensing audiologists applying as transfers must provide documentation verifying their authorization to dispense hearing instruments, and also register with the college as Hearing Instrument Practitioners (no additional fees required).*

***Students working towards registration as a HIP must complete a separate application form: Application – HIP Student.*

CLASS OF REGISTRATION

Check only one class of registration.

- Active Registration** – Meets the definitions as per the Scope of Practice and Restricted Activities as set out by the Speech and Hearing Health Professionals Regulation and meets the requirements of the bylaws of the College of Speech and Hearing Health Professionals of BC. Please refer to bylaw 82 for HIP and bylaw 85 for AUD and SLP.
- Conditional Active Registration** – Does not meet the certification examination requirement (CASLPA). This classification applies to SLPs and AUDs only. Refer to bylaw Sub-Part 9.3.
- Temporary Registration** – Meets the definitions as per the Scope of Practice and Restricted Activities as set out by the Speech and Hearing Health Professionals Regulation, and meets the requirements of the bylaws of the College of Speech and Hearing Health Professionals of BC. This license will be in force for no longer than three months. (Please refer to bylaw 66.) Check here if the purpose of the temporary registration is for teaching. (Please refer to bylaw 67.)

SECTION II - To be completed only by Audiologists and/or Speech-Language Pathologists

I am registered with a regulatory body within Canada. Name and Province:
..... (You must arrange a letter to be sent directly from this regulatory body to the College attesting to your membership in good standing. Please refer to bylaw 71.)

I am registered with a regulatory body outside Canada. Name and Country:
..... (You must arrange a letter to be sent directly from this regulatory body to the College attesting to your membership in good standing. Please refer to bylaw 72.)

EDUCATIONAL INFORMATION

Name of University:

Address of University:
(You must arrange for the transcripts of your Bachelor, Master’s and/or Doctoral degree in audiology or speech-language pathology to be sent directly from the university to the College or you may send a notarized copy of the original transcripts. If you recently obtained a Master’s degree in audiology or speech-language pathology but do not yet hold your transcripts, you may arrange to have your university course Director submit a letter to the College attesting to your completion of all course work, including clinical hours.)

Degree:

CASLPA Certification Exam Attach a copy of your certificate to this application. (Waived for professionals applying as International Transfers or labour mobility within Canada.) Conditional active registrants must complete Section IV.

SECTION III - To be completed by Hearing Instrument Practitioners

I am registered with a regulatory body within Canada. Name and Province:
..... (You must arrange a letter to be sent directly from this regulatory body to the College attesting to your membership in good standing. Please refer to bylaw 71.)

I am registered with a regulatory body outside Canada. Name and Country:.....
.....(You must arrange a letter to be sent directly from this regulatory body to the College attesting to your membership in good standing. Please refer to bylaw 72. You must also arrange for transcripts of your educational background to be sent to this College.)

I am not registered with a regulatory body. (Please complete the Student HIP application.)

SECTION IV - To be completed by Conditional Active Applicants

.....
Name of Supervisor Employer

Should you be unemployed in British Columbia at the time of application submission, please note that you are required to advise the College of your employer and supervisor upon hiring.



SECTION V - To be completed by ALL applicants

- Consent to a Criminal Check:** Under the *Criminal Records Review Act*, every person applying to become a registrant of the College must submit a criminal records check. You must pay the \$20 fee for this purpose. The College will submit your payment to the provincial government on your behalf. Please include this amount in the total payable to the College.
- Proof of Professional Liability Insurance:** Self-employed applicants must arrange for and provide proof (copy of Certificate of Insurance) for a minimum of \$2,000,000.00 and attach with this application. Other applicants must ensure their employer has sufficient insurance and/or indemnifies the salaried applicant. Please refer to bylaw 151.
- Complete and sign a Statutory Declaration:** This form is available on our website www.cshhpbcc.org. Complete, sign and attach this form to this application.
- Proof of Good Character** Please refer to College Bylaws Part 8, 83.2(g), which states “letters of recommendation, attesting to the good character of the applicant and such other information as the committee may require, sent directly to the registrar from two persons who: (i) are not related to the applicant (ii) have known the applicant for more than two years, and (iii) will not benefit if the applicant is licensed under this Part”.

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Signature of Applicant *Date Signed*

Fee Schedule

Application Fee	\$225 <input checked="" type="checkbox"/>	Required for ALL applicants
Registration Fee	\$___ <input type="checkbox"/>	\$600 annual fee effective April 1 to June 30. Pro-rated: July 1 to September 30 - \$450; October 1 to December 31 - \$300; January 1 to March 31 - \$150.
Registration Fee -Temp	\$100 <input type="checkbox"/>	\$100 for each renewal
Criminal Check	\$20 <input checked="" type="checkbox"/>	Required for ALL applicants

Applicable Total Payment \$ _____ *HST is not applicable*

Please submit a cheque or money order payable to the “College of Speech and Hearing Health Professionals of BC” or CSHHPBC, in the total amount you have calculated above. To ensure the completeness of your application, please ensure arrangements have been made for the submission of all required documents, that the Statutory Declaration and Consent for a Criminal Check and full payment are attached with this form.

Mail your application to:
College of Speech and Hearing Health Professionals of BC
410-999 West Broadway, Vancouver BC
Canada, V5Z 1K5