

# Statutory Declaration



College of  
**Speech and Hearing**  
Health Professionals of BC

This document forms part of the Application to the College of Speech and Hearing Health Professionals of BC and must be completed by all applicants.

## Statutory Declaration - Part 7 - Registration (All Professions)

### SECTION I – To be completed by ALL Applicants

I, .....  
(name)

of .....  
(city, province)

do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

.....  
.....  
.....  
.....

2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.

3. I am a person of good character.

4. I have read the Health Professions Act of British Columbia, the Speech and Hearing Health Professions Regulation and the College Bylaws, including Code of Ethics made pursuant to the Act.

5. I am able to speak and write fluently in English. (Please note: if you are not able to speak and write English fluently, you may be asked to complete a language proficiency test, the results of which must be sent directly to the Registrar from the training institution or a notarized copy of the original test results may be sent to the Registrar.)

6. I am legally eligible to work in Canada.

## SECTION II – To be completed for active registration status

1. My entitlement to practice my profession as a .....  
(Audiologist, Speech-Language Pathologist, Hearing Instrument Practitioner – name all applicable professions), has not been limited, restricted or subject to conditions in any jurisdiction at any time except as follows:  
.....
  2. I am not the subject of a current complaint investigation, proceeding or hearing for a finding of professional misconduct, incompetence or incapacity in British Columbia or any other jurisdiction in relation to the profession that I am applying for or in relation to any other health profession, except as follows:  
.....
- I will practise at all times in compliance with the Health Professions Act of British Columbia and the regulations and bylaws of the College of Speech and Hearing Health Professionals of BC made pursuant to that Act.

## SECTION III – To be completed for limited active registration status

For Dispensing Public Health Audiologists (bylaw 82.4):

- My entitlement to practice as a Hearing Instrument Practitioner has been limited up to a period of six months to the extent that I may not perform the restricted activity required by section 5(2)(f) of the Regulation to dispense a wearable hearing instrument unless an active registrant (hearing instrument practitioner) supervises the limited active registrant's performance of that restricted activity.

For Audiologists and/or Speech-Language Pathologists who do not meet the academic and clinical requirements (bylaw 87.7):

- I attest that I will, within a three year period from the date of initial application, obtain the necessary academic or clinical requirements as required of a standard applicant under section 85(1)(a), and complete the CASLPA certification examination.  
OR,
- If I am currently enrolled in a graduate program in speech and language pathology or audiology, I will, within a four-year period from the date of initial application, complete that program, and complete the CASLPA certification examination.

## SECTION IV – To be completed by all applicants

AND I make this statutory declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

.....  
*Signature of Applicant*

.....  
*Date Signed*

To ensure the completeness of your application, please ensure all required documents are attached with this form.

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