

REGISTRATION RENEWAL



College of
Speech and Hearing
Health Professionals of BC

The purpose of this form is to assist registrants with the registration renewal process. Forms and payment are to be received by the College no later than March 31 of the current year. Online renewal is available at www.cshhpbcc.org. Contact the College office for access information if you have not received this notice. The renewal period is from April 1st to March 31st of each year

SECTION I - CONFIRM YOUR PERSONAL INFORMATION

Please complete if your contact information has changed since you last provided this information to the College.

PERSONAL INFORMATION

Name:
Salutation Surname First Initial

Alias (if any):
Salutation Surname First Initial

Home Address:
Apt Street City Province Postal Code

Day Phone (area code, number):
Note: This number will be listed on the online Registry

Alternate Phone Number (area code, number):

Contact Email address: Home Business

Alternate Email address: Home Business

EMPLOYMENT INFORMATION (includes self-employed)

Are you self-employed?: Yes No

Note: If you are self-employed, please provide current proof of liability insurance in the amount of \$2,000,000.00 if you have not already done so. This applies to anyone with one or more clients.

Name of Company/Firm/Organization:
Note: This name will be listed on the online 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:

SECTION II - CONFIRM YOUR TITLE(S) AND REGISTRATION CLASS(ES) FOR RENEWAL

RESERVED PROFESSIONAL TITLE(S)

Check all that apply to your renewal:

- Speech-Language Pathologist (SLP)
- Audiologist (AUD)
- Hearing Instrument Practitioner (HIP)

CLASS OF REGISTRATION

- Active Registration
- Conditional Active Registration: *Please refer to Sub-Part 9.3 of the college bylaws.*
- Inactive Registration: *By signing this form I attest that I will not perform the services of my profession and I will use the word "Inactive" next to my reserved title. Should I decide to reinstate my practice, I will apply for reinstatement. I understand I cannot remain inactive for more than three consecutive years and I must comply with the Quality Assurance Program as outlined in section 159 of the College bylaws.*
- Retired Registration: *By signing this form I attest that I will not perform the services of my profession and I will use the word "Retired" next to my reserved title. I also acknowledge that if I decide to reinstate my professional practice I will be required to reapply for registration under the Standard Application process.*

By signing this form I further attest that I am in compliance with the Health Professions Act, the regulations and the College bylaws.

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Signature of Applicant *Date Signed*

FEE SCHEDULE - RENEWAL FEES

Active and Conditional Active	\$500 <input type="checkbox"/>
Inactive	\$225 <input type="checkbox"/>
Retired	\$200 <input type="checkbox"/>

HST is not applicable

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