

PROVINCE OF BRITISH COLUMBIA

Ministerial Order No.


M 121

ORDER OF THE MINISTER OF HEALTH

Health Professions Act

I, Brian Westgate, as delegate of the Minister of Health, order that the amendments to the bylaws of the College of Speech and Hearing Health Professionals of British Columbia, which amends the College bylaws by repealing and replacing forms 2, 3, 4, 5, 7, 8, and 11, come into force on May 9, 2016.

April 6, 2016
Date



Brian Westgate
Director, Regulatory Initiatives
Ministry of Health

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:- *Health Professions Act*, R.S.B.C. 1996, c. 183, s. 19 (3.2) (b)
Other (specify):- *Ministry of Health Act*, R.S.B.C. 1996, c. 301, s. 4 (2)



College of
Speech and Hearing
Health Professionals of BC

Regulator of Audiologists, Hearing Instrument
Practitioners and Speech-Language Pathologists

FILED
MINISTRY OF HEALTH

APR 05 2016

SIGNATURE: 

NAME: Brian Westgate

TITLE: Director Regulatory Initiatives

March 24, 2016

Mr. Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health
515 Blanshard Street
PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Dear Brian:

Please find attached a schedule repealing and replacing the following forms submitted for filing in accordance with the registrar's authority under Sections 20(1)(a) and 20(1)(b) of the College of Speech and Hearing Health Professionals of British Columbia bylaws to establish, by bylaw, the forms, certificate or similar documents specified in these bylaws, and require the use of such forms by applicants or registrants.

- Form 2 – Standard Application form for Registration
- Form 3 – Statutory Declaration
- Form 4 - Registration Renewal
- Form 5 – Consent for a Criminal Review Check
- Form 7 – Application for Reinstatement
- Form 8 - Student Hearing Instrument Practitioner Application Form
- Form 11 – Renewal Form for Advanced Competencies

I am requesting the effective date be shortened in order that the forms take effect May 9, 2016 to coincide with the enforcement date of the recent bylaw amendments.

If you have any questions, please feel free to contact me.

Sincerely,



Diane O'Connor
Registrar & Chief Executive Officer

SCHEDULE

The bylaws of the College of Speech and hearing Health Professionals of British Columbia made under the authority of the *Health Professions Act* are amended by repealing the following forms and substituting the attached revised forms.

Form 2 – Standard Application form for Registration (v7.3)

Form 3 – Statutory Declaration (v3.3)

Form 4 - Registration Renewal (v3.1)

Form 5 – Consent to a Criminal Record Check (v2.2)

Form 7 – Application for Reinstatement (v1.1)

Form 8 - Student Hearing Instrument Practitioner Application (v4.1)

Form 11 – Renewal Form for Advanced Competencies (v2.0)

CERTIFIED A TRUE COPY



Diane O'Connor
Registrar & Chief Executive Officer



Standard Application for Registration

The purpose of this application form is to assist applicants in providing required information to the Registration Committee of the College of Speech and Hearing Health Professionals of BC ("the College"). This form is to be completed by Audiologists, Speech-Language Pathologists, and/or Hearing Instrument Practitioners also transferring under AIT (Agreement on Internal Trade) and Labour Mobility. Applicants interested in a career as a Hearing Instrument Practitioner should complete the Student HIP Application Form.

SECTION I - To be completed by ALL applicants

PERSONAL INFORMATION

Name:
Prefix First Middle (Full) Surname

Alias (if any):
First Middle (Full) Surname

Name as you wish it to appear on your Certificate of Registration:

.....
First Name Initial (Optional) Surname

Home Address:
Apt. Street

.....
City Province Postal Code

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

Alternate Phone Number (area code, number):

Contact Email Address: ☐ Home ☐ Business

Alternate Email Address: ☐ Home ☐ Business

Date of Birth (yyyy/mm/dd):
(Note: this information is required for the Continuing Competency Program as well as for statistical purposes for planning professional/population ratios.)

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:

Total Practice Experience with **All** Employers:year(s).

RESERVED PROFESSIONAL TITLES

Please refer to the Speech and Hearing Health Professionals Regulation and College bylaws 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)**

** Audiologists wishing to dispense hearing instruments must also apply as Hearing Instrument Practitioners under AIT or as Student HIP (no additional fees required).*

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

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 which includes proof of passing the SAC exam.

☐ **Conditional Active Registration** – Does not meet the certification examination requirement (SAC). This classification applies to SLPs and AUDs only. Refer to bylaw 87.9. Must practice under General Supervision by an Active Registrant as per Policy QA-06. Please complete Section IV of this application.

☐ **Temporary Registration** – Must currently be regulated within Canada. A temporary 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:

(Note: you must arrange for a verification letter to be sent directly from this regulatory body to the College attesting to your membership in good standing. You do not need to submit transcripts but you are required to complete the educational information below. Please refer to Bylaw 71.)

EDUCATIONAL INFORMATION

Degree:

Name of University:

Address of University:

(Note: If educated in Canada, you must arrange for the transcripts of your Master's degree in audiology or speech-language pathology to be sent directly from the university to the College. 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. You are responsible for providing the final transcripts to the College as soon as they become available. If educated outside Canada and the course was not ASHA certified, you must arrange for a credential assessment of your degree by WES, CES, or ICAS to be sent directly to the College.)

SAC Certification Exam

☐ I successfully completed the SAC certification exam. Attach a copy of your exam results or letter of successful completion from SAC to this application.

☐ I did not complete the SAC certification exam. You must apply as Conditional Active and complete Section IV of this application.

SECTION III - To be completed by Hearing Instrument Practitioners

☐ I am registered with a regulatory body within Canada.

Name and province:

(Note: you must arrange for a verification 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 not registered with a regulatory body. (Please complete the Student HIP Application)

SECTION IV - To be completed by conditional active applicants

.....
Name of supervisor (must be an Active registrant of the same profession)

Employer

(Note: if you are unemployed in British Columbia at the time of submitting your application, you are required to advise the College the name of your employer and supervisor upon confirmation of your employment. Conditional Active registrants are prohibited from solo practice.)

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 applicable 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. This form (Form #5) is available on our website www.cshhpbcc.org. **Complete, sign, notarize and attach Form 5 with a notarized copy of two photo IDs to this application.**
- ☐ **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 it 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 (Form # 3) 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".

Fee Schedule

Application Fee	\$ 225	<input checked="" type="checkbox"/>	Required for ALL applicants (<i>Excluding Temporary Classification</i>)
Registration Fee	\$ _____	<input type="checkbox"/>	Prorated annual fee <i>according to the date of your initial registration: April 1 ~ June 30 (\$600); July 1 ~ September 30 (\$450); October 1 ~ December 31 (\$300); January 1 ~ March 31 (\$150).</i>
Registration Fee (Temporary)	\$ _____	<input type="checkbox"/>	\$100 Maximum three months: \$100 for each renewal
Criminal Record Check Fee	\$ 28	<input type="checkbox"/>	Required for ALL applicants*
Applicable Total Payment \$ _____			(Sales tax is not applicable.)

(*Please submit with notarized Criminal Record Check Form #5 and two notarized photo IDs. If you have a clearance letter issued by the Ministry of Justice within the last five years, please submit the letter with this application for which the fee will be waived.)

Signature of Applicant

Date Signed

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 confirm arrangements have been made for the submission of all required documents, and that the Statutory Declaration and Consent for a Criminal Check and full payment are attached with this form.

Mail, fax, or email your application to:

College of Speech and Hearing Health
Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566 info@cshhpbcc.org

Credit Card Payment (Visa or M/C):

Please provide credit card information on a separate piece of paper which will be destroyed after processing: name on card, card number, expiry date and three digit security code.



Statutory Declaration

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

SECTION I - To be completed by ALL applicants

I,
(Name)

of
(City, Province)

do solemnly declare that:

1. I have not been charged or convicted in Canada or elsewhere of **any** offence, including those under the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*. Please use additional paper if required.

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

2. I have not been arrested or charged with an offense where the outcome is still pending, except as follows:

.....
.....

3. 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.

4. I am able to speak and write fluently in English. (Please note: if your secondary and post-secondary education was not in English, you will be asked to complete a language proficiency test, the results of which must be sent directly to the Registrar from the testing institution. Please refer to Policy R-08 Language Proficiency Requirements.)

5. I am legally eligible to work in Canada: ☐ Yes ☐ No ☐ In progress.

(Note: proof of eligibility to work in Canada is required for registration with the College.)

SECTION II - To be completed for active and conditional 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 conditional active registration status

(Please refer to sections 87.9 and 87.10 of the College Bylaws.)

☐ I understand and shall abide by the following conditions placed upon my practice as a ☐ SLP ☐ AUD

I will write the SAC examination at the next available scheduled examination date. I will practice under the supervision of an active registrant in the same profession as myself until such time as I provide proof of passing the SAC examination to CSHHPBC. I may not supervise individuals who are fulfilling the conditions or requirements for registration as a professional regulated by the College.

I may not apply for an Advanced Competency, and I may not practice as a sole private practitioner. Should I be unsuccessful in passing the SAC examination within two years from the initial date of registration, I will cease to be a registrant of the College.

SECTION IV - To be completed by all applicants

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, fax, or email your declaration to:

College of Speech and Hearing Health Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566 info@cshhpbcc.org



Registration Renewal

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 31st of the current year. **Online renewal is available at www.cshhpbcc.org.** The registration year is from April 1st to March 31st of each year.

SECTION I - CONFIRM YOUR PERSONAL INFORMATION

PERSONAL INFORMATION

Name:
Prefix First Initial Surname

Alias (if any):
First Initial Surname

Home Address:
Apt Street City Province Postal Code

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

Alternate Phone Number (area code, number):

Contact Email Address: ☐ Home ☐ Business
(Note: changing your email address currently on file with the College will necessitate changing your login to the Registrants Only section of the College; the password would remain the same.)

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 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 the College 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) *If you currently hold a HIP title and you wish to continue dispensing, please check below as well.*
- ☐ 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: ***I agree that I will not provide the services of my profession in the province of British Columbia while I am classified as "Inactive". I further agree that I will use the word "inactive" after my reserved title and that I will continue to obtain required CCCs. I understand that an inactive classification can be renewed for a maximum of three consecutive years, and that I cannot be nominated or appointed as a member of the College Board. In addition, I attest to the fact that I will not practice my profession for the entire registration year and I understand that should I require to change my classification from inactive to active during this period of time, the active renewal fee of \$500 will apply at the time I request the change from inactive to active.***
- ☐ Retired Registration:
I agree that I will no longer provide the services of my profession. I further agree that I will use the word "retired" after my reserved title. If for any reason I decide to re-enter the profession, I must apply to the College for consideration under the Standard Application process for an Active classification paying all applicable fees.
- ☐ Temporary Registration: Must be currently registered in another Canadian jurisdiction. ***Please refer to section 66(4) of the College Bylaws.***

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

.....
Signature of Applicant

.....
Date Signed

FEE SCHEDULE - RENEWAL FEES

Active/Conditional Active	\$500 <input type="checkbox"/>
Inactive	\$225 <input type="checkbox"/>
Retired	\$200 <input type="checkbox"/>
Temporary	\$100 <input type="checkbox"/>
<i>(Taxes not applicable)</i>	

Mail, fax, or email your application to:
College of Speech and Hearing
Health Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566
info@cshhpbcc.org

Credit Card Payment (Visa or M/C):
Please provide credit card information on a separate piece of paper which will be destroyed after processing: name on card, card number, expiry date and three digit security code.



Consent to a Criminal Record Check

SCHEDULE TYPE: B – Applicant to the College of Speech and Hearing Health Professionals of BC

A processing fee of \$28 must be submitted with this completed consent form. The criminal record check will not proceed without payment of this fee. The fee will not be refunded once the process has started. Processing delays may result if this form is incomplete or if information cannot be read clearly. Please forward your completed form and payment, payable to:

College of Speech and Hearing Health Professionals of British Columbia
630 - 999 West Broadway, Vancouver, BC V5Z 1K5
tel: 604.568.1568 fax: 604.568.1566 info@cshhpbcc.org

PART 1 – Applicant Information (please print / do not use initials)

Legal Surname: Legal First: Legal Middle:

Birth Date: Gender: ☐ Male ☐ Female Birth Place:
yyyy/mm/dd City/town province/state country

OTHER NAMES USED OR HAVE USED (e.g., maiden name, birth name, or previous married name):

Surname: Full First: Full Middle:

Surname: Full First: Full Middle:

Residential Address:
Apt Street

City/town province/state country postal code

Day Phone: Driver License #: Province/State:

PART 2 – College of Speech and Hearing Health Professionals of BC (ID #31)

(Note: this form and the two photo IDs being verified must be notarized. All copies are required for Criminal Record Check.)

TO BE COMPLETED BY A NOTARY PUBLIC

ID verification requirement: I verify that I _____ have verified the applicant's
Primary and Secondary ID as outlined in the CRRP ID Verification Requirement

(Note: for a complete list of acceptable ID and organization responsibilities please visit
<http://www.pssg.gov.bc.ca/criminal-records-review/responsibilities/index.htm>)

Signature:

Date:

Consent for Release of Information and Acknowledgements:

- ☐ I have read and understand the Consent for Release of Information and Acknowledgments on Page 2. I hereby consent to these terms as indicated by my signature below.
- ☐ I hereby authorize "College of Speech & Hearing Health Professionals of BC" to conduct criminal record checks on an ongoing basis every five years.

I understand that I may withdraw this consent for future criminal record checks.

.....
Signature of Applicant

.....
Date Signed

INFORMATION

Schedule Types

Schedule B: use if the individual is a) applying for membership or is a registered member of a B.C. governing body, or b) is applying for, or has certification, or a letter of permission to teach through the Office of Inspector of Independent Schools, B.C. Ministry of Education, or c) is a registered student in a post secondary program with a practicum component involving work with children and / or vulnerable adults. See the website for a complete list of Governing Bodies covered under the *Criminal Records Review Act*. Either the governing body, Office of Inspector of Independent Schools or the post secondary institution retains the original form: <http://www.pssg.gov.bc.ca/criminal-records-review/who-qualifies/index.htm>

Consent for Release of Information and Acknowledgements Pursuant to the British Columbia's *Criminal Records Review Act*

- ☒ I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the *Criminal Records Review Act*;
- ☒ I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the *Criminal Records Review Act*.
- ☒ Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- ☒ The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;
- ☒ The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;
- ☒ The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- ☒ If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the *Criminal Records Review Act* and in the case of child care facilities, the *Community Care Facility Act*, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the *Criminal Records Review Act* for the release of criminal records information and is in compliance with the FOIPPA.



Application for Reinstatement

The purpose of this application is to assist applicants in providing required information for reinstatement to the Registration Committee of the College of Speech and Hearing Health Professionals of BC ("the College").

Please check the reason which applies to your circumstance:

1. Suspension/Cancellation of registration (College Bylaw, section 79) ☐ (Complete Sections 1 and 3)
2. Non-payment of fees (College Bylaw, section 80) ☐ (Complete Sections 1 and 2)

SECTION I

Reserved Title: _____ Previous Registration #: _____
(AUD /HIP / SLP)

Name: _____
Prefix Surname First Initial

Alias (if any): _____
Surname First Initial

Home Address: _____
Apt Street

City Province Postal Code

Day Phone (area code, number): _____

Contact Email address: _____ ☐ Home ☐ Business

Alternate Email address: _____ ☐ Home ☐ Business

SECTION II - Reinstatement for Non-payment of Fees

Expiry Date of Registration: March 31, _____ (please add the year)

☐ I hereby attest that I am not in contravention of the *Health Professions Act*, the Regulation and the College bylaws.

Signature of Applicant Date

☐ I attach with this application the registration renewal fee of \$500 and reinstatement fee of \$200 for a total amount of \$700.

SECTION III - Reinstatement for Suspension/Cancellation

Date of Suspension/Cancellation:

Period of time of suspension/cancellation as set out in the disciplinary decision:

If a period of time was not established in the disciplinary decision, the date of suspension/cancellation cannot be less than two years ago. If so, you must apply for reinstatement when two years has passed from the date of suspension/cancellation.

☐ I hereby attest that I am no longer in contravention of the *Health Professions Act*, the Regulation and the College bylaws.

.....
Signature of Applicant

.....
Date

☐ I attach with this application a reinstatement fee of \$200 and the applicable renewal fee (\$500 pro-rated quarterly)

SECTION IV - Fee Schedule

Reinstatement fee	<input type="checkbox"/>	\$200	
Annual renewal fee	<input type="checkbox"/>	\$500	
Pro-rated renewal fee*	<input type="checkbox"/>	\$	<i>For suspension/cancellation only</i>
Total Applicable Payment		\$	<i>GST/PST is not applicable.</i>

***Pro-rated quarterly as follows: April 1 ~ June 30 (\$500); July 1 ~ September 30 (\$375); October 1 ~ December 31 (\$250); January 1 ~ March 31 (\$125).**

(Note: calculation of pro-rated fees apply only for reinstatement of suspension/cancellation.)

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 your payment is attached with this form.

Mail, fax, or email your application to:

College of Speech and Hearing Health
Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566 info@cshhpbcc.org

Credit Card Payment (Visa or M/C):

Please provide credit card information on a separate piece of paper which will be destroyed after processing: name on card, card number, expiry date and three digit security code.



Student Hearing Instrument Practitioner Application

The purpose of this application form is to assist applicants in providing required information to the Registration Committee of the College of Speech and Hearing Health Professionals of BC ("the College").

Applicants must **first** secure a practicum supervisor in order to submit this application. A supervisor must be a registered Hearing Instrument Practitioner in good standing in British Columbia for at least two years and may not supervise more than two students at any one time. An applicant must be in the same location as his or her supervisor for the required practicum training. Practicum hours will commence at the acceptance date of the student's application with the College and must be completed within twelve months.

Applicants must have successfully completed a recognized diploma course in hearing instrument dispensing approved by the Registration Committee of the College. All course work must be completed before beginning a period of supervised practicum training.

To be Completed by ALL Applicants

PERSONAL INFORMATION

Name: _____
Prefix First Initial Surname

Alias (if any): _____
First Initial Surname

Home Address: _____
Apt Street

City Province Postal Code

Day Phone Number (area code, number): _____

Alternate Phone Number (area code, number): _____

Contact Email Address: _____ ☐ Home ☐ Business

Alternate Email Address: _____ ☐ Home ☐ Business

Date of Birth (yyyy/mm/dd): _____

(Note: this information is required for the Continuing Competency Program as well as statistical purposes for planning professional/population ratios.)

EMPLOYMENT INFORMATION

Name of Company/Firm/Organization:

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

Address of Primary Work Facility:

Name of Secondary Work Facility:

Address of Secondary Work Facility:

Proposed Practicum Supervisor

(Note: applicants must secure a supervisor prior to making this application.)

Name of Supervisor:

Supervisor's Place of Work:

Supervisor's Signature and Date Signed:

EDUCATIONAL INFORMATION

Approved Program in Hearing Aid Dispensing

Applicants must have successfully completed a recognized diploma course in hearing instrument dispensing approved by the Registration Committee of the College. Please provide the name of the educational institution, location, dates of attendance, and the diploma achieved. (Attach a separate sheet if necessary.)

(Note: transcripts must be submitted either as certified copies of the original or sent directly to the College from the educational institution.)

Name of Hearing Aid Dispensing Program

Completion Date

Diploma Achieved

APPLICANT SIGNATURE

I attest that I own or have access to the required minimum equipment for the practice of the profession.

.....
Signature of Applicant

.....
Date Signed

FEE SCHEDULE

Fees Required with the Submission of [this Application](#)

Application Fee	\$225	Submitted with this application
-----------------	-------	---------------------------------

Total Payment	\$
---------------	----

Fees Required at a [Later Date](#)

Written Examination fee	\$225	US funds payable to IHS
Practical Examination fee	\$350	After successful completion of the written exam
Registration fee*	\$600	Pro-rated annual fee

**Pro-rated according to the date of initial registration as follows: April 1 ~ June 30 (\$600); July 1 ~ September 30 (\$450); October 1 ~ December 31 (\$300); January 1 ~ March 31 (\$150).*

Criminal Record Check Fee	\$28	Payable with registration fee.
---------------------------	------	--------------------------------

(Please submit with notarized Criminal Record Check Form #5 and 2 notarized photo IDs)

Please submit a cheque or money order payable to the "College of Speech and Hearing Health Professional of BC" or "CSHHPBC" in the amount of \$225.

*To ensure the completeness of your application, please include all required documents with this form.
Please check at <http://cshhpb.org/applicationprocess.htm>*

Mail, fax, or email your application to:

College of Speech and Hearing Health
Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566 info@cshhpb.org

Credit Card Payment (Visa or M/C):

Please provide credit card information on a separate piece of paper which will be destroyed after processing: name on card, card number, expiry date and three digit security code.

Renewal Form for Advanced Competency Certificates



College of
Speech and Hearing
Health Professionals of BC

Regulator of Audiologists, Hearing Instrument
Practitioners and Speech-Language Pathologists

SECTION I

PERSONAL INFORMATION

Name:
Salutation Surname First Initial

Reserved Title: Registration #:
(AUD /HIP / SLP)

SECTION II

ADVANCED COMPETENCY CERTIFICATES:

Check and complete all the Advanced Competency Certificates that you are reapplying for and list all the Continuing Competencies Credits earned in the last three years under Section III.

- ☐ A) VESTIBULAR ASSESSMENT AND MANAGEMENT
- ☐ B) COCHLEAR IMPLANT MANAGEMENT
- ☐ C) CERUMEN MANAGEMENT
- ☐ D) HEARING INSTRUMENT DISPENSING SERVICES FOR CHILDREN (AGES 12-16 YEARS)
- ☐ E) FIBEROPTIC ENDOSCOPIC EVALUATION AND MANAGEMENT OF VOICE DISORDERS
- ☐ F) FIBEROPTIC ENDOSCOPIC EVALUATION AND MANAGEMENT OF SWALLOWING DISORDERS
- ☐ G) VOICE RESTORATION (VOICE PROSTHESES)
- ☐ H) COMMUNICATION AND SWALLOWING ASSESSMENT AND MANAGEMENT FOR TRACHEOSTOMY
- ☐ I) VIDEOFLUOROSCOPIC ASSESSMENT OF ADULT SWALLOWING DISORDERS
- ☐ J) VIDEOFLUOROSCOPIC ASSESSMENT OF PAEDIATRIC SWALLOWING DISORDERS
- ☐ K) AIRWAY SECRETION MANAGEMENT (OROPHARYNGEAL AND TRACHEAL SUCTIONING)



SECTION III - Continuing Competency Credits

Minimum of 4 credits earned per certificate within last three years. One Credit = One hour Course Work. Please use extra paper if required.

Date

Credit

Source

DECLARATION:

☐ I hereby attest that I am competent to practice in the area(s) of my advanced certificate(s) in accordance with the College Bylaws and Code of Ethics.

Registrant Signature

Date

SECTION IV

FEE SCHEDULE

Number of Advanced Competency Certificates: _____

Renewal Fee per Certificate

_____ X \$ 25

Applicable Total Payment

\$ *

GST is not applicable

***Note: Maximum amount payable is \$50.00 regardless of the number of advanced competency certificates renewed.**

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 your payment is attached with this form.

Mail, fax, or email your application to:

College of Speech and Hearing Health
Professionals of BC
630 - 999 West Broadway
Vancouver, BC V5Z 1K5
Fax: 604-568-1566 info@cshhpbcc.org

Credit Card Payment (Visa or M/C):

Please provide credit card information on a separate piece of paper which will be destroyed after processing: name on card, card number, expiry date and three digit security code.