



## **Speech Language Pathologist Application for Initial Registration**

### **Submission Information**

Applications to be submitted by email to [registration@nlchp.ca](mailto:registration@nlchp.ca)

### **How to email your initial application package:**

- Only eligible PDF scanned documentation will be accepted
- Only one email with all attachments should be submitted
- Put your name (first and last) and Initial Application in the subject line of the email before sending
- Retain a copy of the original email for your record in the event it is requested to be submitted again
- When you receive a return email from the [registration@nlchp.ca](mailto:registration@nlchp.ca) account, this is confirmation that your application has been received by the NLCHP
- Only the most current initial application form from the NLCHP website is accepted for email submission



## Speech Language Pathologist Application for Initial Registration

### 1. Personal Information

Surname	Given Name (s)	Maiden and /or Other
Mailing Address		Postal Code
Telephone (H)	Telephone (B)	E-mail
Date of Birth (dd/mm/year)		Gender (M - F - Other)

**Document Required:** Please attach copy of government issued photo identification (driver's license or passport).

### 2. Application Additional Details

- Are you a Canadian citizen?    Yes        No
- Was your training as a health professional in English?    Yes        No

### 3. Registration Category

Please select the registration category for which you are applying:

**General Status:** You have successfully completed the required program of study and passed the approved registration exam.

**General Status (Temporary):** You have successfully completed the required program of study but are awaiting the results of the approved registration exam or are currently registered to write the approved registration exam.



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**Non-Practicing Status:** You meet criteria for full General Status but are not and will not actively practice Speech Language Pathology in the province of Newfoundland and Labrador. Non-practicing registrants are required to complete annual continuing education and professional development requirements. While NLCHP does not require non-practicing registrants to carry professional liability insurance it is recommended that registrants consult with their insurance provider.

### 4. Employment

Are you currently employed in the profession for which you are applying? Yes      No

List current employment (if applicable). Attach separate sheet if needed.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment Date: \_\_\_\_\_  
(Year/Month/Day)

Second Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment Date: \_\_\_\_\_  
(Year/Month/Day)



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**OR**

Independent  
/Self Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employment Date: \_\_\_\_\_

(Year/Month/Day)

### 5. Consent to Release of Information

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application.

By continuing with this application, you provide consent to the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact any individual, company, or institution to access and/or obtain any personal information about you that the NLCHP may require to process or assess your registration application. By continuing with this application, you also provide consent to any individual, company, or institution to release your personal information to the NLCHP in response to a request for information from the NLCHP.

Finally, by continuing with this application you understand a person who is registered with NLCHP shall be a member of a College and, as such, you understand the NLCHP will share your name, email address and mailing address with your College in accordance with the Health Professions Act (2010) Section 28 (4).

Are you willing to release your name, address and/or e-mail to institutions conducting research?

Yes

No



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### 6. Professional Liability Insurance

The Health Professions Act requires all health professionals registered under the Act to maintain a professional liability insurance policy. Registrants must maintain professional Liability insurance of \$2,000,000 for the full registration year. If the policy expires prior to the end of the registration year, the registrant must provide a current certificate of PLI prior to expiration of policy.

If registering as non-practicing, this information is not required.

**Document Required:** Please attach professional liability insurance certificate to this application.

Your Insurer: \_\_\_\_\_

Policy Number (if applicable): \_\_\_\_\_

Policy Expiry Date: \_\_\_\_\_

### 7. Online PHIA and Jurisprudence Courses

Individuals applying for initial registration are required to complete two online education modules within 90 days of application to the NLCHP. Education modules are listed below with access information:

(a) Custodian-Direct Contact with Personal Health Information and

(b) Direct Contact with Personal Health Information available  
on <http://nlchi.skillbuilder.ca/home>

(c) Jurisprudence Education for your Health Profession available  
at [www.chplearning.ca](http://www.chplearning.ca)

**Document Required:** Please attach course completion certificate (s) to this application.



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### 8. Educational Information

Please add your completed education program(s) for the profession in which you are applying.

Name of Institution: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Program Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Program Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Program Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**Document Required:** I understand I am responsible for contacting the education institution to forward transcripts directly to NLCHP and my application will not be processed until this documentation is received.



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### 9. Examinations

Please provide information regarding the national exam(s) for the profession in which you are applying.

**Document Required:** Please attach proof of successful completion of the exam(s) to this application.

Examination Name:

Examination Date:

Passed:

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### 10. Practice Hours

Have you graduated in the last year?

Yes

No

Have you graduated in the last 4 years?

Yes

No

Each Health Profession Regulations designated under the Health Professions Act (2010) mandate standard minimum work hours to maintain registration. Section 5 of the Act requires members to be employed for a number of hours in practice over four (4) consecutive years immediately preceding registration. The includes hours of work for four calendar years (January 1 to December 31) preceding application.

**Please submit a letter from each employer confirming your work hours**

- Self-employed registrants are required to have practice hours documentation verified by an independent third party. The independent third party could be an account manager, office manager, or auditor.
- You are required to have at least **1000** practice hours in the last 4 years to be eligible for registration.



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### 11. Other Registration(s)

Are you currently registered or licensed to practice the profession in which you are applying in another jurisdiction?

Yes                  No

Have you ever been registered or licensed to practice the profession in which you are applying in another jurisdiction?

Yes                  No

Jurisdiction: \_\_\_\_\_

Regulatory Authority: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Regulatory Authority: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I understand, if I am currently or have been registered/licensed to practice as a Speech Language Pathologist in another jurisdiction(s) a letter(s) of good standing is required and that my application will not be processed until the letter is received. I will contact the regulatory body and arrange for the letter(s) to be sent directly to the:





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NLCHP Registrar  
Newfoundland and Labrador Council of Health Professionals,  
38 Duffy Place, Suite 1, St. John's, NL A1B 4M5

or via email at [registration@nlchp.ca](mailto:registration@nlchp.ca)

### **12. Certificate of Conduct**

You are required to provide a copy of a Certificate of Conduct/Criminal Record Check and Vulnerable Sector Check dated within 6 months of submission of your application. **Please attach a copy of each document and send the original documents to the NLCHP:**

NLCHP Registrar  
Newfoundland and Labrador Council of Health Professionals,  
38 Duffy Place, Suite 1, St. John's, NL A1B 4M5

Please note your application will not be processed until the original documents are received.



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### 13. Declarations

- Have you ever been found guilty of an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or similar penal statute in another jurisdiction (Province/Territory/Country)?

Yes                      No

- Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction?

Yes                      No

- Have you been denied registration in another jurisdiction (Province/Territory/Country) within the last five years?

Yes                      No

- Is your registration/license to practice under review/investigation, suspended or revoked; or are there any disciplinary procedures commenced, in process or pending, in another jurisdiction (Province/Territory/Country)?

Yes                      No

- Do you have any physical or mental conditions or disorders that may or currently does impair your ability to practice your profession safely and competently?

Yes                      No



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### 14. Applicant's/Registrant Pledge:

I hereby apply for a practicing license and declare that the information entered is true and correct.

I will continue to adhere to Standards of Practice and the Code of Ethics as established by my College.

I understand that the NLCHP collects, uses and shares personal information of members (including home address and email address) to carry out its mandate under the *Health Professions Act* (2010) to protect the public, for professional regulation, statistical purposes, to provide information to members such as notifications of new regulatory or health initiatives and such other regulatory information the NLCHP determines pertinent to members.

I understand I may contact the NLCHP at any time to determine the use of information I provide to the NLCHP.

I consent for the NLCHP to obtain confirmation or verification of the documentation or information submitted as part of this application.

I understand it is a condition of a license issued under my health profession Regulations, that a registered health professional shall notify the NLCHP of a change in his or her mailing address or employer information; I will also inform the NLCHP of a change in email or in name. NLCHP requires notification within 30 days of a change.

I, \_\_\_\_\_ declare that I have read and agree with each of the declaration statements listed above.



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### **Application Fee Payment**

Once your application is complete, and all necessary documents have been submitted, you will be contacted to complete payment through our registration management system. Once payment is completed, your application will be processed.

You will be notified once your application is approved. You cannot commence employment or attend orientation until your registration has been approved. Once registered, your name will be added to a list of registered health professionals on the NLCHP's website. Please check this list to confirm your registration.

<b>Fees</b>	<b>Amount</b>
<b>General Status</b>	
SLP – Application – Initial Processing Fee	\$125
NLCHP Registration Fee (General Status)	\$475
CASLP-NL Registration Fee (General Status)	\$80
<b>Non-Practicing Status</b>	
SLP – Application – Initial Processing Fee	\$125
NLCHP Registration Fee (Non – Practicing)	\$150
CASLP-NL Registration Fee (Non – Practicing)	\$50