

APPENDIX E SUPPLEMENTAL FORMS AND DOCUMENTS





CLINICAL CERTIFICATION & PROVINCIAL REGISTRATION DOCUMENT REQUEST FORM

Letter from the Program Director

Students often wish to begin employment following completion of the externship placement, but before their program degree has been officially conferred (i.e., before graduation in May). In this case, some provincial regulatory bodies require a letter from the Program Director indicating that the student has met requirements for completion of his/her graduate degree, before being able to commence work in that province. If you require a letter from the Program Director, please indicate which provincial regulatory body/college the letter should be sent to:

	Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP) New Brunswick Association of Audiologists and Speech-Language Pathologists (NBASLPA) College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador (CASLP-NL) College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM) Saskatchewan Association of Audiologists and Speech-Language Pathologists (SASLPA) Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) College of Speech and Hearing Health Professionals of British Columbia (CSHHPBC) Other:
Clinical	Hours Form
Provincial regulatory bodies/colleges will require a copy of their own Summary of Clinical Hours form be sent directly from the school. If a college specific hours form is required, please complete the document, and provide a signed copy to the Clinical Coordinator. Please indicate which regulatory body/college your Summary of Clinical Hours form should be sent to:	
	Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP) New Brunswick Association of Audiologists and Speech-Language Pathologists (NBASLPA) College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador (CASLP-NL) College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM) Saskatchewan Association of Audiologists and Speech-Language Pathologists (SASLPA) Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) College of Speech and Hearing Health Professionals of British Columbia (CSHHPBC) Other:
<u>^</u>	Please note: Some provincial regulatory bodies require receipt of an official transcript indicating that your degree has been conferred (i.e., you have graduated). Please contact the Registrar's Office post-graduation to request an official transcript, or request one directly from the Dal Online website, as the school does not provide such documentation. There may be a cost associated with requesting an official transcript.
Name:	Date:
Signature	e:





SUMMARY OF CLINICAL PRACTICE HOURS - AUDIOLOGY Name of Student: University: Degree/Program: Date of Graduation: Total Hours Assessment & Identification Intervention & Management **Distribution of Clinical Practice Hours** Simulated Hours Requirements Activity Practice Minimum of 50 Total Hours with Adults = sum of subtotals **1**&**3** Adults Children Adults Children Minimum of 50 **Hearing Measurement** Total Hours with Children = sum of subtotals **2**&**4** Hours Minimum of 20 **Audiological Assessment** Total Hours in SLP = sum of subtotals 60000 Hours Electrophysiological & other Minimum of 100 Total Hours in Assessment/Identification = sum of subtotals **1**&**2** Diagnostic Measurements Hours Minimum of 50 Amplification Total Hours in Intervention/Management = sum of subtotals 3&4 Hours Maximum of 50 Implantable Hearing Devices Total Hours in Simulated Practice = sum of subtotals **5**&**0** Hours FINAL TOTAL HOURS = sum of sections **A** & **B** Minimum of 350 Calibration & Instrument Maintenance Hours Auditory & Vestibular Disorders Tinnitus & Hyperacusis (Re) Habilitation **Special Populations** Total: Subtotal 5: Subtotal 1: Subtotal 2: Subtotal 3 Subtotal 4: A **AUD** SLP minor hours Subtotal 6: Subtotal 7: Subtotal 8: Subtotal 9: Subtotal 10: Total: 0 SLP Name of Clinical Coordinator Signature of Clinical Coordinator **Email Address** Date



School of Communication Sciences and Disorders