

## 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)  Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR)  Other:	
Clinical Harris Farm	
Clinical Hours Form	امد
Provincial regulatory bodies/colleges will require a copy of their own Summary of Clinical Hours form be sent directly from the scho 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:	ЮІ.
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)	
<ul><li>College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)</li><li>College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM)</li></ul>	
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)	
Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR)	
□ Other:	
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.	ial
Name: Date:	
Signature:	





## **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 Adults Children Adults Children Total Hours with Adults = sum of subtotals **●**&**⑤** 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 @@@@ 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 Hours Minimum of 350 FINAL TOTAL HOURS = sum of sections A & B Calibration & Instrument Maintenance Hours Auditory & Vestibular Disorders Tinnitus & Hyperacusis (Re) Habilitation **Special Populations** Total: Subtotal 1: Subtotal 2: Subtotal 6: Subtotal 4: Subtotal 6: lackAUD Subtotal 10: Total: Subtotal 6: Subtotal 7: Subtotal 3: Subtotal 9: SLP SLP minor hours

Signature of Clinical Coordinator

Date



**Email Address** 

Name of Clinical Coordinator

Appendix E Audiology 2023-2024