



NBASIPA/AOANB
 PO Box 23113 Moncton NB E1A 6S8
 www.nbaslpa.ca · info@nbaslpa.ca · (866) 455-9642

CLIENT/PATIENT CARE TRACKING FORM: URGENT SPECIALIZED CARE

- You must record all direct client/patient contact service hours (**10 total**) using this form, which **may be requested** by the secondary province, **at any time**.
- Use a separate form for each secondary province for which you hold a registration.
- Please retain for 3 years.

Registrant's name: _____

Primary Province: _____

Registration #: _____

Secondary province: _____

Registration # if provided: _____

Effective date of registration in the secondary province: _____

Direct client/patient contact services means screening, assessment, treatment, counselling or consultation provided to a client/patient or anyone related to a cross provincial license holder's client/patient in a secondary province.

Patient Initials (please maintain patient confidentiality) <small>NOTE: When providing group intervention, list the initials of all participants in one line.</small>	Date of service	Length of time of direct contact service (.25-hour increments) <small>NOTE: Group intervention time is recorded as the total time for the group.</small>
e.g., J.S.	January 7, 2023	1.25 hour
e.g., JB, SM, GI, AM, OL	October 9, 2023	1 hour
Total # of Hours:	Must not exceed 10 hours	