RCASLPNB
Regulatory College of Audiologists & Speech-Language Pathologists of New Brunswick
OAONB
Ordre des audiologistes & orthophonistes du Nouveau-Brunswick

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CLIENT/PATIENT CARE TRACKING FORM: CROSS PROVINCIAL PRACTICE

- You must record all direct client/patient contact service hours (**200 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 CPP 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) **NOTE: When providing group intervention, list the initials of all participants in one line.**	**Date of service**	**Length of time of direct contact service (.25-hour increments)** **NOTE: Group intervention time is recorded as the total time for the group.**
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 200 hours 0