

**RCASLPNB**Regulatory College of
Audiologists & Speech-
Language Pathologists of
New Brunswick**OAONB**Ordre des
audiologistes &
orthophonistes du
Nouveau-BrunswickPO Box 23113 Moncton NB E1A 6S8
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Cross Provincial Practice Application

Applicant Personal Information

Full Name: _____
Last First Middle Preferred First Name

Date of Birth: _____ Gender: _____

Address: _____
Street Address, City, Province, Postal Code

Phone: _____ Email: _____

Profession: ☐ Audiologist ☐ Speech-Language Pathologist

Post-Secondary Education

Degree Level _____ Field of Study _____ Grad Year _____
Diploma, Bachelor's, Master's, PhD, etc.

University _____ Province /State/Country: _____

Current Primary Province Employment Where Majority of Practice Occurs

Organization/Employer Name/Self Employed: _____

Address: _____
*Street Address, City, Province, Postal Code*Is your registration in your primary province active and/or current? YES NO
☐ ☐

Employment in Secondary Province

Is your employer in the secondary province the same as the primary province? YES NO
☐ ☐If no, please specify business address in secondary
province: _____*Business Name, Street Address, City, Province, Postal Code*Anticipated Start Date _____ I will provide services: ☐ In person ☐ Virtually ☐ Both

Registration / Licensure

Name of Primary Province _____ Registration #: _____ Expiry date: _____

Have you previously applied for or been issued
registration/licensure by RCASLPNB? YES NO
☐ ☐ If yes, when? _____

Conduct

As a regulated professional, bound by ethical and professional obligations, I confirm and do solemnly declare that:

Do you currently have any conditions, terms or limitations imposed on your practice registration in any province or territory in Canada or any place where you hold registration with a regulatory body?	YES ☐ NO ☐	Are you currently suspended by any regulatory body in a province or territory in Canada, or any place where you hold registration with a regulatory body?	YES ☐ NO ☐
Are you currently under investigation by any regulatory body in a province or territory in Canada, or any place where you hold registration with a regulatory body?	YES ☐ NO ☐	Do you currently have any active complaints of unprofessional conduct filed against you in a province or territory in Canada or any place where you hold registration with a regulatory body?	YES ☐ NO ☐
Have you previously received a finding of, or agreed to an admission of, unprofessional conduct that has not been reversed on appeal with any regulatory body in any province or territory in Canada, or any place where you hold registration with a regulatory body?	YES ☐ NO ☐	Are you currently the subject of a disciplinary proceedings with any regulatory body in any province or territory in Canada, or any place where you hold registration with a regulatory body?	YES ☐ NO ☐
Do you currently owe any outstanding fees, fines or costs to any regulatory body in a province or territory in Canada, or any place where you hold registration with a regulatory body?	YES ☐ NO ☐	Have you ever been found guilty of, or plead guilty to, a criminal offence in Canada defined by the Criminal Code of Canada, for which you have not received a pardon, or of a criminal offence of a similar nature in a place outside of Canada, for which you have not received a pardon?	YES ☐ NO ☐
Have you received, or had ordered against you, a civil judgment with respect to your professional practice (i.e., negligence, breach of contract, medical malpractice, etc.)?	YES ☐ NO ☐		

Declaration

As a regulated professional, bound by ethical and professional obligations, I confirm and do solemnly declare that:

- ☐ I understand that for the purposes of this declaration and my cross provincial practice registration that “direct client/patient contact services” means screening, assessment, treatment, counselling or consultation provided to a client/patient or anyone related to a cross provincial registration holder’s client/patient in a secondary province.
- ☐ I understand that I must remain in good standing in both my primary province and the secondary province to maintain my cross provincial practice registration.
- ☐ I understand that I may be subject to conduct or disciplinary proceedings concerning my practice, competence or capacity in both my primary and secondary provinces, including arising from the same incident.
- ☐ I understand that the majority of my practice as an audiologist or speech-language pathologist must take place in my primary province.
- ☐ I understand that I shall only provide a cumulative total of 200 hours or less of direct client/patient contact services (including both virtual care and in person care) during an annual period in the secondary province from the date of issuance of the cross-provincial registration.

I further understand and agree that:

- ☐ I shall notify the secondary province immediately once I have provided 200 hours of direct client/patient contact services in the secondary province.
- ☐ my cross provincial practice registration will expire in one year or once I have provided 200 hours of client/patient services in the secondary jurisdiction.
- ☐ when my certificate expires, I must submit a new application if I wish to continue to practice the secondary province and it is my sole responsibility to apply.

I understand that I am responsible for:

- ☐ paying all applicable fees of both the primary and secondary provinces and;
- ☐ complying with all continuing competence/quality assurance requirements of my primary province.

- ☐ I further confirm that I have met the requirements for continuing competence/quality assurance in my primary province at the time of my application.
- ☐ I understand that I must provide the following as part of my application:
- (a) applicable fees;
 - (b) cross-provincial practice verification of registration in good standing (as defined by the MOU) in another regulated jurisdiction for the duration of the Cross-Provincial Practice registration;
 - (c) proof of identity (passport or other government-issued photo identification showing current legal name);
 - (d) proof of permanent residency in Canada or Canadian Work Permit (if no passport); and
 - (e) proof of current personal Professional Liability Insurance as per RCASLPNB requirements.
- ☐ I understand and agree that I shall hold personal professional liability insurance coverage (PLI coverage) that meets the requirements of both the primary and secondary province.

I further understand that:

- ☐ RCASLPNB will accept PLI coverage that meets the requirements of my primary province if it is held by me, as an individual, and RCASLPNB does not accept employer coverage;
 - ☐ it is my responsibility to ensure that my PLI coverage extends to New Brunswick
 - ☐ if there is any doubt regarding whether my PLI coverage will extend to New Brunswick, I may be required by RCASLPNB to obtain a minimum of \$2,000,000 PLI coverage with an extended reporting period of a minimum of two (2) years and
 - ☐ I must keep evidence of my PLI coverage policy and understand that RCASLPNB may request additional documentation of my PLI coverage at any time.
- ☐ I understand and agree to abide by all legislative requirements in both primary and secondary provinces, including legislation, regulations, bylaws, Codes of Ethics or Standards of Practice.
- ☐ I acknowledge that I may complete RCASLPNB's jurisprudence module online to inform myself of RCASLPNB's code of ethics and if I wish to do so, by making a request in writing to the RCASLPNB Registrar.
- ☐ I hereby authorize the secondary province to obtain and/or disclose information from and/or to my registration status and to disciplinary and conduct matters.
- ☐ I agree to advise RCASLPNB as soon as reasonable if my practice registration in my primary province is cancelled, suspended or has conditions, terms or limitation imposed on it, if I'm no longer in good standing with my primary province or if I become the subject of a complaint or investigation in my primary province.
- ☐ I understand that I may be subject to professional practice matters concerning my professional conduct, competence and capacity in both primary and secondary provinces.

I further confirm and do solemnly declare that

- ☐ The information I have provided in this application and declaration is complete and truthful and I acknowledge that making a false or misleading statement, or omitting required information, may be considered as unprofessional conduct, and referred to the Complaints Committee of RCASLPNB for action, including but not limited to a complaint pursuant to the *Audiology and Speech-Language Pathology Act* and *An Act Respecting Health Professionals*, Part V.
- ☐ I acknowledge and understand that my registration may be refused if RCASLPNB determines I have provided inaccurate information, omitted any information or documentation required, or submitted documents that have been altered, tampered with, or forged during the application process.

Signature: _____ Date: _____