Application for the CASLPA Clinical Certification Examination

CASLPA-ACOA

One Nicholas Street, Suite 1000
Ottawa, ON K1N 7B7
(613) 567-9968 or
(800) 259 8519
Fax: (613) 567-2859
caslpa@caslpa.ca

☐ Ms.
☐ Miss
☐ Mr.
☐ Mrs.

Last Name _____ First Name _____ Middle Initial _____

Exam Date: _____

Payment must accompany this application and must reach CASLPA before the exam application deadline.
Application Deadlines: Spring Exam – January 31st
Fall Exam – June 30th
Non-members must contact the national office before applying.

Your admission letter is e-mailed approximately 2 weeks prior to the examination.

Changes to the information reported in this application must be submitted to CASLPA in writing by fax, e-mail or mail.
Please identify yourself as an exam candidate to ensure that your changes reach the *Standards Department*.

Designated Sites:

AB – Edmonton	NB – Moncton	NT – Yellowknife	ON – Toronto	QC – Quebec City
BC – Vancouver	NL – St. John's	ON – London	PE – Charlottetown	SK – Regina
MB – Winnipeg	NS – Halifax	ON – Ottawa	QC – Montreal	YT – Whitehorse

Please complete ALL information. To qualify, **convocation** should occur before the end of the current exam year.

In which city & province do you wish to write the exam?	City:		Province:
In which profession are you writing your exam?	☐ S-LP	☐ Aud	
Are you writing the exam in English or French?	☐ English	☐ French	
Do you require copies of the exam in both languages?	☐ Yes	☐ No	
Is this your first attempt?	☐ Yes	☐ No	If No, what year(s)?
Are you a current CASLPA member?	☐ Yes	☐ No	Membership Number:
What university did you attend? (If outside Canada, please list location):			
What is the title of your degree?			
What is the date of your convocation? (Month & Year):			

Permanent Address: (Where all mailings will definitely reach you.)	**Alternate Address:** (Use this address only if providing "valid from/valid until" dates below)
Apartment # Street Address/PO Box	Apartment # Street Address/PO Box
City Province Postal Code	City Province Postal Code
Home Phone Daytime Phone (if different)	Home Phone Daytime Phone (if different)
E-mail Address	E-mail Address This mailing is **valid** From: To:

National Office Use Only
Date Received

You must be a current full or student member of CASLPA to write the clinical certification examination.
Candidates writing the examination for assessment purposes should refer to the Information Package, 'Notice to non-members'.

Fees:
All Canadian designated sites : **$450.00** (see list in designated sites above)
All Canadian non-designated sites : **$650.00**
All non-Canadian sites : **$650.00**

Enclosed payment for the exam is being made by: ☐ **Visa** ☐ **MC** ☐ **Cheque** ☐ **Money Order**

#	$	/
Enter: Credit Card or Cheque Number	Amount	Enter: Credit Card Expiry or Date of Cheque
		:

Signature
I confirm that all information provided in this application is true and accurate.

Date

National Office Use Only
CASLPA ID# and Membership Status