



CONFIRMATION OF PRACTICE HOURS (AF-30)

Applicants seeking registration with CSHBC use this form to demonstrate that they meet the requirement for registration as set out in section 82(2)(b) or section 85(2)(b) of the CSHBC Bylaws.

SECTION A | APPLICANTS ONLY

APPLICANT INSTRUCTIONS: Please complete SECTION A and forward the form to your employer to complete SECTION B. Return the form directly to CSHBC. If you are or have been self-employed, you must complete both SECTIONS B & C yourself. Use a separate copy of this form for each employer

First Name:		Last Name:	
Middle Name (if any):		Other / Former Names:	
Date of Birth:	Registration ID#:	Regulatory Body:	
DD / MM / YYYY			

APPLICANT CONSENT: By signing below, I consent for _____
[NAME OF EMPLOYER] to provide the information requested in Section B of this form directly to the College of Speech and Hearing Professionals of British Columbia (CSHBC) and to discuss with CSHBC staff any responses to this form for the purposes of assessing my application for registration.

	DD / MM / YYYY
Applicant Signature	Date



SECTION B | EMPLOYERS ONLY

EMPLOYER INSTRUCTIONS: Please complete SECTION B and return it directly to CSHBC as a PDF by email to registration@cshbc.ca. This form is not to be sent to CSHBC by the applicant, except for where an applicant is self-employed. As an alternative to completing this form, public sector employers may send a copy of the applicant's Record of Employment (ROE) directly to CSHBC at registration@cshbc.ca.

Employer / Facility Name:		Position Held by Applicant:
Employer / Facility Address:		
Employment Start Date	Employment End Date¹:	
DD / MM / YYYY	DD / MM / YYYY	

EMPLOYER INSTRUCTIONS: Please provide the applicant's total hours practiced in the last 3 years (do not include vacation, sick, or other leave):

YEAR:	YYYY	HOURS:	
YEAR:	YYYY	HOURS:	
YEAR:	YYYY	HOURS:	
TOTAL:			

Full Name:	Title:
Phone Number:	Email:
	DD / MM / YYYY
Employer Signature	Date

¹ If applicable.



SECTION C | SELF-EMPLOYED APPLICANTS ONLY

SELF-EMPLOYED APPLICANT INSTRUCTIONS: Please complete the following declarations.

I declare that to the best of my knowledge, all the information contained within this form is true and complete.

I understand that falsification of information provided in support of my application, which includes self-reporting of my practice hours, may be cause for CSHBC to deny registration, investigate or take other appropriate action.

	DD / MM / YYYY
Applicant Signature	Date