



QAPP PROFESSIONAL PRACTICE ADVISOR APPLICATION (AF-33)

AUDIOLOGY / HEARING INSTRUMENT DISPENSING / SPEECH-LANGUAGE PATHOLOGY

INTRODUCTION

CSHBC Professional Practice Advisors provide professional practice advisory support to the College, for example, by supporting the College's Quality Assurance & Professional Practice (QAPP) Program and other practice initiatives that are relevant to each profession. Professional Practice Advisor roles and responsibilities include:

- Maintaining awareness and understanding of emerging professional trends and issues and their impact on the profession
- Responding to profession-specific enquiries
- Contributing to inter-professional consultations
- Providing profession-specific input on strategic, operational, and regulatory issues
- Participating in profession-specific aspects of the QAPP Program modules
- Supporting College committees, including the QAPP Committee, as required
- Liaising with, and supporting, the QAPP Practice Review team as required

APPLICANT INFORMATION

Applicant Name:	
Reserved Title(s):	Registrant ID#:
Email:	Phone:

1. Please indicate which position you are applying for:

Population	
Professional Practice Advisor, AUD:	<input type="checkbox"/>
Professional Practice Advisor, HID:	<input type="checkbox"/>
Professional Practice Advisor, SLP:	<input type="checkbox"/>



2. Please describe your interest in applying for the role of Professional Practice Advisor.

3. Please describe your professional experience including the number of years practised and your past and current roles. Please include any previous or current roles with a professional association.



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4. Please describe your leadership style. How have you used your leadership skills to guide and coach others?

5. Collaboration is essential to this role. Please describe a situation where you had to collaborate with professionals from your own or other professions. Please provide an example of an outcome of that type of collaboration.



6. Advising registrants to ensure they maintain professional and clinical practice standards required under the relevant legislation is an essential part of the role of Professional Practice Advisor. How would you manage a situation where a registrant was clearly not meeting regulatory standards and was potentially unaware of their non-compliance?

7. Please describe your experience in educator, supervisory, or preceptor roles. Include details of the role(s) and who was involved.



8. Practice is constantly changing and evolving. How do you stay aware of emerging practice trends and changes over time?

9. Please describe your understanding of Quality Assurance (QA) measures and research methodology. Please provide an example where you had to apply one or more of these measures in your practice.



10. Please describe your communication style.

11. Please describe any previous involvement or experience with professional regulation or the regulatory environment. What have you learned from this experience?



12. Please provide an example of professional development that you have completed in addition to meeting the basic CCC requirements. How did this work influence your practice or the practice of the profession?

13. Please provide your completion dates for the following CSHBC online learning courses and any other courses pertaining to CSHBC standards (e.g., Interprofessional Collaborative Practice, Indigenous Cultural Safety, Cultural Humility, & Anti-Racism):

Online Learning Course	Date Completed
1. <i>Jurisprudence</i>	MM / DD / YYYY
2. <i>Documentation & Records Management</i>	MM / DD / YYYY
3. <i>Client Consent</i>	MM / DD / YYYY
4.	MM / DD / YYYY
5.	MM / DD / YYYY
6.	MM / DD / YYYY



14. If selected as the successful candidate (please circle):

Are you able to travel within BC, if required?

YES

NO

Are you able to work approximately 15 hours per week, on a flexible schedule which may include virtual meetings held in the evening?

YES

NO

Successful candidates are required to sign a confidentiality agreement.

ATTACHMENTS

Please attach a current CV and any additional information you think is applicable to support your application.

	MM / DD / YYYY
<i>Applicant Signature</i>	<i>Date</i>

Please submit your completed application to the College at qualityassurance@cshbc.ca. Applications will not be kept on file and only shortlisted applicants will be contacted.