



333 Vaughan Street, Unit 2  
 Winnipeg, MB R3B 3J9  
 Phone: (204) 453-4539  
 Fax: (204) 477-1881  
 Email: [office@msha.ca](mailto:office@msha.ca)

**MANITOBA SPEECH AND HEARING ASSOCIATION  
 AGREEMENT ON INTERNAL TRADE/LABOUR MOBILITY AGREEMENT (AIT/LMA)  
 APPLICATION FORM**

<b>SECTION A: TO BE COMPLETED BY APPLICANT.</b>						
GIVEN NAME:		MIDDLE NAME OR INITIAL:				
SURNAME:		MAIDEN/OTHER SURNAMES:				
APARTMENT #		STREET ADDRESS				
CITY	PROVINCE	POSTAL CODE				
PHONE	FAX	E-MAIL				
PROFESSION:  <input type="checkbox"/> Speech Language Pathologist  <input type="checkbox"/> Audiologist		DATE OF BIRTH  <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>	Day	Month	Year	GENDER:  <input type="checkbox"/> Female  <input type="checkbox"/> Male
Day	Month	Year				
Preferred Correspondence Method:		<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Email on file			
Prospective Employer Name, Address, phone number and e-mail:						
Start Date of Employment	Employer Contact Person	Phone/email				
CITIZENSHIP:						
Are you a Canadian Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If not Canadian, are you a permanent resident/landed immigrant of Canada?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If not, do you have employment authorization under the Immigration Act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Preferred Language of Correspondence:		<input type="checkbox"/> English	<input type="checkbox"/> French			
Language of Practice:		<input type="checkbox"/> English	<input type="checkbox"/> French			
EDUCATION:						
DEGREE/DIPLOMA	AREA OF CONCENTRATION	INSTITUTION	YEAR			

I am currently a member and/or registered to practice as an audiologist or speech-language pathologist in:			
PROVINCE	REGULATORY BODY/ PROFESSIONAL ASSOC	REGISTRATION/ MEMBERSHIP NO.	EXPIRY DATE:

Has your current certification/registration/licensure ever been revoked? <i>If "Yes", please give details on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any disciplinary action by a professional regulating body ever been taken against you? <i>If "Yes", please give details on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a criminal offence or an offence related to the practice of Audiology and/or Speech-Language Pathology? <i>If "Yes", please give details on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity, in this province or in another jurisdiction in relation to Audiology and/or Speech-Language Pathology or another regulated profession? <i>If "Yes", please give details on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently the subject of a proceeding for professional misconduct, incompetence or incapacity, in this province or in another jurisdiction in relation to Audiology and/or Speech-Language Pathology or another regulated profession? <i>If "Yes", please give details on a separate page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for or been issued a registration/membership number by MSHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The application processing fee is <b>\$31.50</b> Canadian funds (includes 5% GST). You can pay by Cheque, Money Order, Cash, Interac, Visa or MasterCard. For Credit Card payments please include your information below.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card #:
Expiry Date:	Signature:

<p>I hereby authorize the Manitoba Speech and Hearing Association (MSHA) to obtain information from other Canadian regulatory bodies, professional associations and Universities for the purposes related to my registration and qualifications.</p> <p>Please note that information collected on this form will be treated as private and confidential. It is collected for the purpose of establishing the applicant's eligibility for membership with MSHA.</p> <p><b>MSHA now requires a completed "Criminal Record Search Certificate" and "Child Abuse Registry Check" to be included with your Provisional application form sent directly from the local Police/Authorities office which can be performed by the Police/Authority in the area/region you have resided for up to the past 5 years.</b></p> <p><b>Please have these checks mailed directly to the MSHA Office Attention: Examining Committee from your local Police/Authorities office.</b></p> <p><b>Please make sure to have your home jurisdiction complete and send to the MSHA office Photocopies of official transcripts for all undergraduate and graduate course work completed on file, Photocopy of signed clinical hours on file and Section B of the AIT application form.</b></p>	
Signature of Applicant:	Date: