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SECTION B: TO BE COMPLETED BY THE APPLICANT'S HOME JURISDICTION AND FORWARDED DIRECTLY TO MSHA.	
The individual listed in SECTION A has applied for registration with the Manitoba Speech and Hearing Association (MSHA) under the inter – provincial mobility agreement. Before further consideration is given to this application, MSHA will need the following information regarding the applicant:	
Name:	
Current Professional Status: The applicant is currently a member and/or registered to practice as an audiologist or speech-language pathologist in:	
<input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Ontario <input type="checkbox"/> P.E.I. <input type="checkbox"/> Québec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon <input type="checkbox"/> N.W.T.	
Class, Title or Category of Registration/Membership:	
Profession:	Registration/Membership #:
<input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist	
Original Issue Date:	Expiry Date:
Education: The applicant holds:	
<input type="checkbox"/> A master's degree in speech-language pathology and/or audiology from a Canadian university <input type="checkbox"/> A master's degree in speech-language pathology and/or audiology from an ASHA accredited university <input type="checkbox"/> A master's degree in speech-language pathology and/or audiology from a foreign university (recognized by credentialing agency and including research component and accepted as equivalent in content and hours by first jurisdiction) <input type="checkbox"/> A university degree (not a master's degree) in speech-language pathology and/or audiology from a foreign university with academic and clinical hours accepted as equivalent by first jurisdiction. <input type="checkbox"/> A degree that does not meet current standards but was accepted by home jurisdiction (i.e. professionals were grand-parented on or before dates indicated if applicable)	
Original Supporting Documents:	
Official transcripts are on file at: _____	
Clinical practicum hours are on file at: _____	
<input type="checkbox"/> Transcripts are not on file in home jurisdiction <input type="checkbox"/> Clinical hours are not on file in home jurisdiction	
Name of regulatory body/professional association:	
Signature of registrar/designate:	Seal or stamp:
Date:	
Telephone:	