

Assessment for Certification for NON MEMBERS

1 July 2023–30 June 2024



Please use **BLOCK LETTERS**. The original application form must be returned to Speech Pathology Australia.

Mail: Level 1/114 William Street, Melbourne, Victoria, Australia, 3000

Email: membership@speechpathologyaustralia.org.au

Member ID (if known):

Personal Information

Mr Ms Mrs Ms Miss Mx Dr. Assoc. Professor Professor

First name: _____ Middle name: _____

Family name: _____

Preferred name: (if applicable) _____ Former name: (if applicable) _____

Date of birth: ____/____/____ (used for security purposes to confirm identity on the phone)

Day Month Year

Pronouns: _____

Gender: Man or male Woman or female Non-binary [I/They] use a different term (please specify)

Prefer not to answer

Contact Details

Address: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ Mobile: _____

Email (compulsory): _____ Home phone: _____

Qualifications

Speech pathology qualification: _____

University: _____ Month of year of completion: _____

NOTE: If you qualified as a speech pathologist overseas you are required to complete a separate application form to have your qualifications recognised. The form can be obtained from Speech Pathology Australia. If your qualifications have been previously assessed by Speech Pathology Australia, please state the assessment date below. Applicants who have undergone the Association's Overseas Qualifications Assessment are not required to resubmit their documents, but further information may be requested if eligibility was assessed more than 2 years ago.

For those with overseas qualifications, date of assessment: _____

Application checklist

Please ensure you have completed all sections of the application form and have signed the declaration.

Please ensure you have provided the following:

certified* evidence you have successfully completed your course

certified* evidence of any name change since completion of your course

evidence of speech pathology practice as per the declaration (e.g., letter from employer contract stating hours, billing summary (minus client details), or statutory declaration signed by Justice of the Peace etc)

the required application fee

completed Certification Declaration.

**One identification document from category A

**One identification document from category B

***Certified copies means copies of your original documents must be signed and stated as 'a true and correct copy' by a Justice of the Peace or Commissioner for taking Affidavits (e.g., accountant, pharmacist, police officer, or nurse).**

****All applicants must provide identification documents from categories A and B during the application process.**

One identification document from category A and B will need to be provided. For the type of documentation please refer to our [proof of identification page](#).

Please contact National Office for further information:

Address: Level 1, 114 William Street, Melbourne Vic 3000

Phone: +61 3 9642 4899 or 1300 368 835

Email: membership@speechpathologyaustralia.org.au

Website: www.speechpathologyaustralia.org.au

Payment details for 1 July 2023 – 30 June 2024

Certification fee	Fee (incl GST)
Assessment for certification	\$572.00
Application fee	\$110.00
Total payable:	\$682.00

Certification fees are payable online through the SPA website. An invoice will be created upon receipt of this application form, and payment instructions will be sent to the nominated email address. Forms will not be processed until payment is received.

How did you find out about Speech Pathology Australia? *tick one*

advertisement

internet

colleague/word of mouth

university

family/friends

Medicare

other _____

I have been referred by:

(optional)

Name: _____

Certification Declaration

To be able to be awarded for the first time or renew certification as a Certified Practising Speech Pathologist you will need to first complete your Certification Declaration and meet the annual CPD requirements.

In completing this form, I declare and agree that:

- All the information I have given in this declaration is true and correct.
- I have the necessary forms and documentation to support this declaration.
- For the purposes of verification of compliance with certification requirements, I agree to supply forms and documentation as requested to National Office.
- I am aware if any of the above information is found to be false or unsupported, I will not be eligible for the entitlements accorded to Certified Practising Speech Pathologists including use of the title Certified Practising Speech Pathologist and the post-nominals CPSP.

The minimum Continuing Professional Development (CPD) requirements:

Accrual of a minimum of 20 hours of learning per membership year that **MUST** include:

- a minimum of 2 hours receipt of professional support; and
- a minimum of 2 hours of cultural learning (Aboriginal and Torres Strait Islander).

Certified Practising speech pathologists must also develop a CPD plan and goals, maintain an accurate CPD record, seek to ensure CPD activities contribute to quality of practice and benefit service users and/or communities, and engage in CPD that draws on the best available evidence.

CPD extensions may be granted to applicants:

- on leave for a period of more than 6 months;
- who have a significant illness; and/or
- on compassionate grounds.

SECTION A: Please tick the relevant section

I am eligible to be a CPSP.

- I have successfully completed an Overseas Skills Assessment with Speech Pathology Australia within the past 3 years and as such I am exempt from CPD requirements at this time.
- I understand that I will need to meet the requirements of the Certification Program prior to my next renewal.

I am eligible to join as a Non Member Certified Practitioner.

- I have successfully completed an accredited Australian entry level speech pathology course or full course of education recognised by the Speech Pathology Australia Board.

SECTION B: Please tick ONE relevant section

I am eligible to join or renew as a Non Member Certified Practitioner.

- I completed my degree 5 or more years ago, I have accrued a minimum of 1000 practice hours in the past 5 years, and I have met the minimum CPD requirements in the last renewal period; or
- I completed my degree less than 5 years ago, I have accrued a minimum of 200 practice hours since completing my degree, and I have met the minimum CPD requirements in the last renewal period.

I am eligible to join or renew as a Non Member Certified Practitioner with a CPD extension. I have met the applicable recency of practice requirement.

- I can supply supporting documentation if required.
- I understand the need to meet the minimum CPD requirements prior to my next renewal.

SECTION C: Please specify the number of CPD hours of learning accrued in the previous membership year in the table below. Please note hours of learning are not capped (i.e., no maximum).

CPD category	Hours of learning accrued from 1/7/2022 to 30/6/2023
Professional support (Code S)	(2 hours minimum)
Cultural Learning (Code C)	(2 hours minimum)
Other (Code O)	(no minimum)
	Total hours

CPD records are NOT required to be submitted with this declaration.

NON MEMBER CERTIFIED

Practitioner declaration

I hereby apply to the Speech Pathology Association of Australia Limited for assessment as a Certified Practising Speech Pathologist.

I declare that:

1. I meet the Association's entry standards.
2. Both the information and the supporting documentation I have provided are a true and accurate record.
3. I will abide by the Association's professional standards and its Code of Ethics in my practice of speech pathology.
4. I do not have any physical or mental impairment, disability condition or disorder that detrimentally affects, or is likely to detrimentally affect, my ability to practise as a speech pathologist.
5. I have not had my registration as a health practitioner refused, cancelled or suspended in a foreign country or in any Australian state or territory.
6. I have not had my registration as a health practitioner subject to any conditions, undertakings or limitations in Australia or overseas.
7. I am not subject to any current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity, or any similar investigation or proceeding in relation to the practice of speech pathology in Australia or overseas.
8. I have not had a finding made against me of professional misconduct, incompetence or incapacity or any similar finding in relation to the practice of speech pathology in Australia or overseas.
9. I have not had any privileges, benefits or entitlements (including any relating to billing) regarding my practice as a health professional withdrawn, suspended or subject to any conditions or undertakings by any government body or agency in Australia or overseas.
10. I have not been charged with any criminal offence in Australia or overseas.
11. I have not been convicted of any criminal offence, or entered a plea of guilt or had a finding of guilt made against me by a court or tribunal for a criminal offence, in Australia or overseas.
12. I am not involved in any current proceeding in respect of any criminal offence in Australia or overseas.

Continuing obligation to inform the Association of changes

I agree to inform the Association, if during my certification year, there is a change in the status of any of the above matters which I have declared. I will inform the Association within 7 days of becoming aware of the change.

I acknowledge that the Association may request evidence to substantiate my declaration and agree to supply that evidence on request.

And, I acknowledge that I have read the Association's Privacy Collection Statement and I consent to the information about me contained in this form being collected by Speech Pathology Australia for the purposes of processing my application and for other purposes related to my application and agree to the use and disclosure of personal information provided by me for the purposes of furthering the interests of the speech pathology profession and the objects of Speech Pathology Australia.

Signature: _____ **Date:** _____