



College of Audiologists and Speech-Language Pathologists –
Newfoundland and Labrador
Suite 435 Unit 50 Hamlyn Road Plaza, NL A1E 5X7
Email: info@caslpnl.ca Website: www.caslpnl.ca

Form 5-60

DECLARATION AND SIGNATURE

The following declaration must be completed and returned to the College before your application can be considered.

I hereby confirm that within the last month I have read the College's Code of Ethics, relevant Scope of Practice and Standards of Practice.

Signature: _____ Date: _____