



MANDATORY REPORT: FORM

PART I

Registrant Information:

Name of Audiologist or Speech Language Pathologist being reported:

CASLPO Member #

Registrant's Practice Location(s) (If known):

PART II

This report relates to one or more of the following (please check all that apply):

- There are reasonable grounds to believe that a Registrant has sexually abused a patient
- There are reasonable grounds to believe that a Registrant is incompetent or is incapacitated.
- Registrant's employment has been terminated for reasons of professional misconduct, incompetence or incapacity
- Revocations, suspensions or restrictions have been imposed on the Registrant's privileges for reasons of professional misconduct, incompetence or incapacity
- A partnership, a health profession corporation or association with a Registrant has been dissolved for reasons of professional misconduct, incompetence or incapacity
- A Registrant resigns, or voluntarily relinquishes or restricts his or her privileges or practice due to concerns involving professional misconduct, incompetence or incapacity

PART III

Outline of the Act/Omission/Conduct being reported (please include all relevant information such as dates and locations). *Please attach additional pages, if required.*

PART IV

Names and Contact Information of Any Potential Witnesses:

Please attach additional pages, if required.

PART V

Describe any Supporting Documentation Submitted with the Mandatory Report:

Note: Do not send originals of documents, do not redact information (including patient names).

The following are examples of documents to submit:

- Documented Complaints;
- Relevant treatment notes and patient file (please send in a secure manner);
- Employee Learning Plans;
- Employment Evaluation Forms;
- Warning Letters;
- Termination letter; and
- Any other relevant HR documentation.

By signing below, I certify all information that I am submitting to the College to be true and correct to the best of my knowledge.

[Print your name]

[Signature]

Signed at _____ On,
[City, Province]