

# College of Health and Care Professionals of BC

## Application for Certification (AF-44)

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All CHCPBC registrants intending to undergo a Certified Practice ("CP") Certification Program must apply and obtain pre-approval prior to initiating the program to ensure the registrant undergoing the training understands and agrees to all program requirements, including supervision, prerequisites, and specific objectives of the applicable intended CP Certification Program. All CP Certification Programs must be completed within 3 years of receiving CHCPBC's pre-approval to initiate the program.

### Intended CP Certification Program of Study (select the applicable certificate)

Certificate A: Vestibular Assessment & Management

Certificate B: Cochlear Implant Assessment & Management

Certificate C: Cerumen Assessment & Management

Certificate D: Hearing Instrument Dispensing for Children Ages 12-16

Certificate E: Flexible Endoscopic Evaluation of Voice & Swallowing (FEEVS) for Adults

Certificate G: Tracheoesophageal Voice Restoration Assessment & Management

Certificate H: Communication & Swallowing Assessment & Management for Tracheostomy

Certificate H(a): ADULTS, no speaking valves (NSV)

Certificate H(b): PAEDIATRICALS, no speaking valves (NSV)

Certificate H(c): ADULTS & PAEDIATRICALS, no speaking valves (NSV)

Certificate H(d): ADULTS, with speaking valves (SV)

Certificate H(e): PAEDIATRICALS, with speaking valves (SV)

Certificate H(f): ADULTS & PAEDIATRICALS, with speaking valves (SV)

Certificate I: Videofluoroscopic Assessment & Management of Adults Swallowing Disorders

Certificate J: Videofluoroscopic Assessment & Management of Paediatric Disorders

Certificate J(a): Paediatric Disorders for Swallowing Disorders

Certificate J(b): Paediatric Disorders for Velopharyngeal Dysfunction

Certificate J(c): Paediatric Disorders for Swallowing Disorders AND Velopharyngeal Dysfunction (Combined)

Certificate K: Management of Airway Secretions

Certificate K(a): Management of Airway Secretions (Oropharyngeal Suctioning)

Certificate K(b): Management of Airway Secretions (Oropharyngeal & Tracheal Suctioning)

Note: Full registration with CHCPBC is required before applying to initiate a CP Certification Program. **Appendix A details the specific prerequisites for each CP Certification Program** and registrants must have these appropriate prerequisites before commencing the applicable CP Certification Program. CP Certification Programs may require education/courses as a prerequisite. Please contact [certification@chcpbc.org](mailto:certification@chcpbc.org) if you require more information about determining acceptable prerequisite education/courses.

Once pre-approved by CHCPBC, a registrant may start the training program for a CP certificate as soon as they are a Full registrant<sup>1</sup> but will not be granted the certificate until one year<sup>1</sup> of basic clinical experience has been completed.

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## Applicant Information

Name of Applicant:

Email or phone:

Professional Designation(s):

Registration#:

Training/Employment Setting (check all applicable):

Hospital

Outpatient

Agency

Private Clinic

School

Other:

Applicant has read, understands, and will adhere to all requirements outlined in the following [Professional and Clinical Practice Standards](#) applicable to CP Certification Programs:

applicant initials

***Attaining & Maintaining Practice Competence (SOP-PROF-02)***

applicant initials

***Certified Practice & Above Entry Level Practice (SOP-PROF-06)***

applicant initials

***Supervision (SOP-PRAC-07)***

Applicant confirms they meet/will meet all program prerequisites prior to commencing the CP Certification Program:

applicant initials

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<sup>1</sup> Certificate D: Hearing Instrument Dispensing for Children Aged 12-16 requires the registrant to complete one year of clinical experience before commencing this program and will not be granted this certificate until two years of clinical experience has been completed.

## Supervisor Information

*Note: Registrants of CHCPBC in training for a CP certificate must be under the appropriate supervision of an approved qualified supervisor(s). Multiple qualified supervisors are permitted. The objectives, and specific practical learning activities within an objective, are signed off by the supervisor(s) specified on the registrant's application.*

*Note: Mandatory full registration status and a holder of the applicable CP certificate for a minimum of 6 months, or other regulated health professional within BC, is required to be considered a CP Supervisor.*

*Note: See **Pre-Approval Process** below regarding out of province CP Supervisor requirements.*

### Supervisor 1

Name of Supervisor:

CHCPBC or other BC regulated health professional Registration #:

If other BC regulated health professional, is the area of practice supervised recognized as within the scope of that BC regulated health professional?:      Yes      No

Supervisor's Health Care Professional designation:

Supervisor's current CP Certificate(s):

Supervisor Email or Phone:

Supervisor Signature:

Supervisor agrees to be the applicant's CP Supervisor: Supervisor initials

Supervisor has read, understands, and meets the criteria to act as a Supervisor for the CP applicant as outlined in the [Professional and Clinical Practice Standards Certified Practice & Above Entry Level Practice \(SOP-PROF-06\)](#) and [Supervision \(SOP-PRAC-07\)](#): Supervisor initials

Supervisor confirms that the applicant has met/will meet all prerequisites prior to commencing the CP Certification Program: Supervisor initials

The above-named Supervisor understands that by initialing beside relevant learning objective(s), and beside any practical learning activities towards meeting an objective(s) within the CP Certification Program, the Supervisor declares first-hand knowledge<sup>2</sup> that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:  
Supervisor initials

## Supervisor 2

Name of Supervisor:

CHCPBC or other BC regulated health professional Registration #:

If other BC regulated health professional, is the area of practice supervised recognized as within the scope of that BC regulated health professional?: Yes No

Supervisor's Health Care Professional designation:

Supervisor's current CP Certificate(s):

Supervisor Email or Phone:

Supervisor Signature:

Supervisor agrees to be the applicant's CP Supervisor: Supervisor initials

Supervisor has read, understands, and meets the criteria to act as a Supervisor for the CP applicant as outlined in the [Professional and Clinical Practice Standards Certified Practice & Above Entry Level Practice \(SOP-PROF-06\)](#) and [Supervision \(SOP-PRAC-07\)](#): Supervisor initials

Supervisor confirms that the applicant has met/will meet all prerequisites prior to commencing the CP Certification Program: Supervisor initials

The above-named Supervisor understands that by initialing beside relevant learning objective(s), and beside any practical learning activities towards meeting an objective(s) within the CP Certification Program, the Supervisor declares first-hand knowledge<sup>2</sup> that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity: Supervisor initials

## Supervisor 3

Name of Supervisor:

CHCPBC or other BC regulated health professional Registration #:

If other BC regulated health professional, is the area of practice supervised recognized as within the scope of that BC regulated health professional?: Yes No

Supervisor's Health Care Professional designation:

Supervisor's current CP Certificate(s):

Supervisor Email or Phone:

Supervisor Signature:

Supervisor agrees to be the applicant's CP Supervisor: Supervisor initials

Supervisor has read, understands, and meets the criteria to act as a Supervisor for the CP applicant as outlined in the [Professional and Clinical Practice Standards Certified Practice & Above Entry Level Practice \(SOP-PROF-06\)](#) and [Supervision \(SOP-PRAC-07\)](#): Supervisor initials

Supervisor confirms that the applicant has met/will meet all prerequisites prior to commencing the CP Certification Program: Supervisor initials

The above-named Supervisor understands that by initialing beside relevant learning objective(s), and beside any practical learning activities towards meeting an objective(s) within the CP Certification Program, the Supervisor declares first-hand knowledge<sup>2</sup> that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:  
Supervisor initials

## Supervisor 4

Name of Supervisor:

CHCPBC or other BC regulated health professional Registration #:

If other BC regulated health professional, is the area of practice supervised recognized as within the scope of that BC regulated health professional?:	Yes	No
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Supervisor's Health Care Professional designation:

Supervisor's current CP Certificate(s):

Supervisor Email or Phone:

Supervisor Signature:

Supervisor agrees to be the applicant's CP Supervisor: Supervisor initials

Supervisor has read, understands, and meets the criteria to act as a Supervisor for the CP applicant as outlined in the [Professional and Clinical Practice Standards Certified Practice & Above Entry Level Practice \(SOP-PROF-06\)](#) and [Supervision \(SOP-PRAC-07\)](#): Supervisor initials

Supervisor confirms that the applicant has met/will meet all prerequisites prior to commencing the CP Certification Program: Supervisor initials

The above-named Supervisor understands that by initialing beside relevant learning objective(s), and beside any practical learning activities towards meeting an objective(s) within the CP Certification Program, the Supervisor declares first-hand knowledge<sup>2</sup> that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:  
Supervisor initials

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<sup>2</sup> Based on the requirement, including supervisory level, for that objective (e.g. directly observe the applicant perform and complete a specific learning activity pertaining to an objective under constant supervision).

## Proposed Out of Province CP Supervisor

Name of Supervisor:

Supervisor's Health Care Professional designation:

Supervisor's regulated health professional registration<sup>3</sup> #:

Is the area of practice being supervised recognized as  
within the scope of that regulated health professional?:                   Yes            No

Does the supervisor currently meet the requirements<sup>4</sup> of their  
regulatory body for the activities covered by the certificate,  
and has done so for at least 6 months?:   Yes            No

Supervisor Email or Phone:

Supervisor Signature:

Supervisor agrees to be the applicant's CP Supervisor: Supervisor initials

Supervisor has read, understands, and meets the criteria to act as a Supervisor for the CP applicant as outlined in the [Professional and Clinical Practice Standards Certified Practice & Above Entry Level Practice \(SOP-PROF-06\)](#) and [Supervision \(SOP-PRAC-07\)](#): Supervisor initials

Supervisor confirms that the applicant has met/will meet all prerequisites prior to commencing the CP Certification Program: Supervisor initials

The above-named Supervisor understands that by initialing beside relevant learning objective(s), and beside any practical learning activities towards meeting an objective(s) within the CP Certification Program, the Supervisor declares first-hand knowledge<sup>5</sup> that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:  
Supervisor initials

*Note: To request CHCPBC pre-approval of an additional proposed CP Supervisor during the CP program, contact [certification@chcpbc.org](mailto:certification@chcpbc.org) to obtain an Additional Proposed CP Certification Program Supervisor Form.*

<sup>3</sup> Attach proof of registration.

<sup>4</sup> Attach 1) description of requirements and/or scope of practice information of Supervisor's regulatory body related to activities covered by the certificate and 2) qualifications of proposed out of province CP Supervisor (e.g. degree(s) held, current certifications, curriculum vitae) to assist the Committees in determining substantial equivalency to holding the applicable CHCPBC CP certificate.

<sup>5</sup> Based on the requirement, including supervisory level, for that objective (e.g. directly observe the applicant perform and complete a specific learning activity pertaining to an objective under constant supervision).

## Additional Education Requirements of CP Certification Programs

*Note: Some CP Certificate Programs require proof of completion of coursework to attain the knowledge for the certificate as outlined in the applicable objectives. **Appendix B details those CP Certification Programs requiring coursework completion.** If a registrant is unsure of the acceptability of a course that they are considering, they may submit the course outline to [certification@chcpbc.org](mailto:certification@chcpbc.org) to be reviewed by the College's Quality Assurance & Professional Practice Committee.*

## Request for CP Certification Program Extension

*Note: The CP Certification Program is a progressive learning process that includes knowledge, clinical judgment, practical application of skills, and demonstrated competencies. **The program must be completed within 3 years of obtaining CHCPBC pre-approval to commence the CP Certification Program.** If the time to complete the program is anticipated to exceed 3 years, a detailed request for extension must be submitted to [certification@chcpbc.org](mailto:certification@chcpbc.org) for consideration.*

## Request for CP Certification Program Specific Information

*Note: Those applicants and/or their proposed supervisor(s) that require information regarding specific learning objectives within their intended program may contact Quality Assurance & Professional Practice at [certification@cscpbc.org](mailto:certification@cscpbc.org).*

I hereby attest that the information in respect of the above is accurate and complete.

Applicant Signature:

Application Date:

## Appendix A

### CP Certification Program Prerequisites

#### Certificate A: Vestibular Assessment & Management

- Prerequisite 1: Full Registration Status as a Registered Audiologist (RAUD)
- Prerequisite 2: Completion of a minimum 3-credit hour, graduate-level training course from an accredited training program which focused on vestibular anatomy, physiology, assessment, and management OR equivalent course if specified graduate course not completed within the past 7 years.

#### Certificate B: Cochlear Implant Assessment & Management

- Prerequisite 1: Full Registration Status as a Registered Audiologist (RAUD)
- Prerequisite 2: Completion of a graduate-level course in cochlear implant management, including candidacy, assessment, programming, and equipment maintenance and post-implant evaluation OR a substantially equivalent course if specified graduate course not completed within the past 7 years.

#### Certificate C: Cerumen Assessment & Management

- Prerequisite 1: Full Registration Status as a Registered Audiologist (RAUD) or a Registered Hearing Instrument Practitioner (RHIP)

#### Certificate D: Hearing Instrument Dispensing for Children Ages 12-16

- Prerequisite 1: Full Registration Status as a Registered Hearing Instrument Practitioner (RHIP)
- Prerequisite 2: Completion of formal coursework within the past 7 years in paediatric hearing instrument dispensing

*NOTE: Training may commence after completion of one-year clinical experience once the prerequisites have been met*

#### Certificate E: Flexible Endoscopic Evaluation of Voice & Swallowing (FEEVS) for Adults

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)

#### Certificate G: Tracheoesophageal Voice Restoration Assessment & Management

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)



### **Certificate H: Communication & Swallowing Assessment & Management for Tracheostomy**

- Prerequisite 1 (all Certificate H programs): Full Registration Status as a Registered Speech-Language Pathologist (RSLP)

#### **Certificate H(a): ADULTS, no speaking valves (NSV)**

#### **Certificate H(b): PAEDIATRICALS, no speaking valves (NSV)**

#### **Certificate H(c): ADULTS & PAEDIATRICALS, no speaking valves (NSV)**

#### **Certificate H(d): ADULTS, with speaking valves (SV)**

#### **Certificate H(e): PAEDIATRICALS, with speaking valves (SV)**

#### **Certificate H(f): ADULTS & PAEDIATRICALS, with speaking valves (SV)**

### **Certificate I: Videofluoroscopic Assessment & Management of Adult Swallowing Disorders**

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)
- Prerequisite 2: Completion of a 3-credit graduate-level course in general dysphagia (including VFSS) or an equivalent dysphagia course(s) (minimum 8 hours) within the past 7 years.

### **Certificate J: Videofluoroscopic Assessment & Management of Paediatric Disorders**

#### **Certificate J(a): Paediatric Disorders for Swallowing Disorders**

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)
- Prerequisite 2: Completion of a three-credit graduate-level course in general dysphagia (including VFSS) or an equivalent dysphagia course(s) (minimum 8 hours).

#### **Certificate J(b): Paediatric Disorders for Velopharyngeal Dysfunction**

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)
- Prerequisite 2: Completion of a three-credit graduate-level course which includes velopharyngeal insufficiency or an equivalent course (minimum 6 hours).

#### **Certificate J(c): Paediatric Disorders for Swallowing Disorders AND Velopharyngeal Dysfunction (Combined)**

### **Certificate K: Management of Airway Secretions**

#### **Certificate K(a): Management of Airway Secretions (Oropharyngeal Suctioning)**

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)

#### **Certificate K(b): Management of Airway Secretions (Oropharyngeal & Tracheal Suctioning)**

- Prerequisite 1: Full Registration Status as a Registered Speech-Language Pathologist (RSLP)
- Prerequisite 2: For Certificate K(b) (Oropharyngeal & Tracheal Suctioning), applications must hold a valid Certificate G or Certificate H.

## Appendix B

### CP Certification Programs Requiring Coursework Completion

CP Certification Programs for Certificates C, E, I & J require registrants to complete additional coursework, and provide proof of completion, as a learning objective within the CP Certification Program. This coursework is completed during the CP Certification Program itself, and not prior to commencement of the program.

*If a registrant is unsure of the acceptability of a course that they are considering, they may submit the course outline to [certification@chcpbc.org](mailto:certification@chcpbc.org) to be reviewed by the College's Quality Assurance & Professional Practice Committee.*

#### **Certificate C: Cerumen Assessment & Management**

Undertake an acceptable half day course in cerumen assessment & management. Course content must include all of the following:

- an overview of cerumen management
- scope of cerumen practice
- informed consent
- client selection
- infection control
- conditions of the outer ear
- risk assessment
- otoscopic inspection
- methods of cerumen management
- post cerumen management issues
- prevalence of cerumen impaction
- case history requirements
- precautions
- professional referrals
- anatomy and physiology of the external ears
- cerumen production
- otoscopy and lighting
- equipment requirements
- contraindications
- documentation and discharge criteria

There are numerous courses offered in-person (e.g., at conferences) and online which may meet this objective course requirement.

#### **Certificate E: Flexible Endoscopic Evaluation of Voice & Swallowing (FEEVS) for Adults**

Complete a minimum of 6 hours of education, which must include a combination of a workshop, or course webinar, DVD etc. in the methodology, use and interpretation of endoscopy.

#### **Certificate I: Videofluoroscopic Assessment & Management of Adult Swallowing Disorders**

Complete a minimum of 5 hours of education, which may be a workshop, course, webinar, DVD or a combination, in the methodology, use and interpretation of VFSS.

#### **Certificate J: Videofluoroscopic Assessment & Management of Paediatric Disorders**

Complete a minimum of 5 hours of education, which may be a workshop, course, webinar, DVD or a combination, in the methodology, use and interpretation of VFSS. A minimum of 2 of the 5 hours must be specific to paediatrics.