

Request for Additional Certification Program Supervisor (AF-45)

Registrants of CSHBC in training for a Certified Practice ("CP") certificate must be under the appropriate supervision of a qualified supervisor(s). Multiple qualified supervisors are permitted. The objectives and specific practical learning activities within an objective must be signed off by the supervisor(s) who have been pre-approved by CSHBC. If an additional potential CP supervisor is being considered subsequent to the initial approval and commencement a CP Certification Program, the registrant must first obtain approval from CSHBC for the proposed supervisor(s). Submit this form to certification@cshbc.ca to request an additional supervisor.

*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 as a CP Supervisor. A regulated health professional, who is registered with another regulatory body outside of BC, may not act as a CP Supervisor unless:*

- *The Registration Committee has pre-approved the regulated health professional's qualifications as substantially equivalent to the requirements for holding the applicable certificate;*
- *The regulated health professional meets the requirements of their regulatory body for the activities covered by the certificate for at least 6 months;*
- *The regulated health professional has declared they are competent and have the necessary skills to provide supervisory oversight.*

Additional Supervisor request for (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)

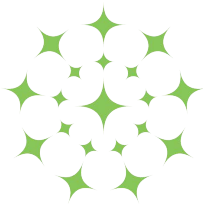
Certificate H(b): PAEDIATRICS, no speaking valves (NSV)

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

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

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

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



Certificate I: Videofluoroscopic Assessment & Management of Adults Swallowing Disorders

Certificate J: Videofluoroscopic Assessment & Management of Paediatric Disorders

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)

Registrant in training for a CP certificate

Name of Registrant:

Email or phone:

Professional Designation(s):

Registration#:

CP Certification Program:

Training/Employment Setting (check all applicable):

Hospital

Outpatient

Agency

Private Clinic

School

Other:

Proposed Additional CP Supervisor Information

Name of Supervisor:

CSHBC 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

