

Request for Additional Certification Program Supervisor (AF-45)

Registrants of CHCPBC 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 CHCPBC. 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 CHCPBC for the proposed supervisor(s). Submit this form to certification@chcpbc.org 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)

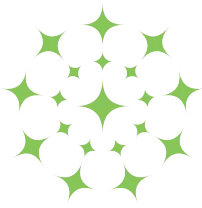
Certificate H(b): PAEDIATRICS, no speaking valves (NSV)

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:

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):

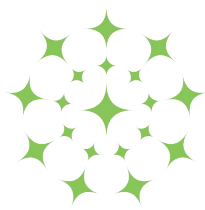
Supervisor Email or Phone:

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 knowledge¹ that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:
Supervisor initials

Proposed Out of Province CP Supervisor

Name of Supervisor:

Supervisor's Health Care Professional designation:

Supervisor's regulated health professional registration² #:

Is the area of practice being supervised recognized as within the scope of that regulated health professional?:	Yes	No
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Does the supervisor currently meet the requirements ³ of their regulatory body for the activities covered by the certificate, and has done so for at least 6 months?:	Yes	No
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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 knowledge⁴ that the applicant has attained the knowledge, skills and/or demonstrated competencies outlined in that objective/practical learning activity:
Supervisor initials

- 1 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).
- 2 Attach proof of registration.
- 3 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.
- 4 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).