

APPLICATION FOR REGISTRY OF AUTISM SERVICE PROVIDERS

The personal information collected on this form will be used for the purpose of determining eligibility to be on a Saskatchewan Ministry of Health Registry of Autism Service Providers. Personal information collected on this form will be publicly disclosed to families, who may select service provider(s) from this list to purchase services under the Autism Individualized Funding Program. Any questions about the collection, use or disclosure of this information should be directed to Ministry of Health, Community Care Branch, 306-787-4587, 3475 Albert St, Regina, SK, S4S 6X6.

IF FILLING FORM OUT BY HAND, PLEASE PRINT CLEARLY USING BLACK INK

I am applying as a:

- | | | |
|--|--|---|
| <input type="checkbox"/> Behaviour Consultant Category A | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Behaviour Consultant Category B | <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Behaviour Consultant Category C | <input type="checkbox"/> Social Worker | |

This is a:

- New Application Renewal Application (every two years)

SECTION 1 INDIVIDUAL INFORMATION

NAME (Last, First and Middle)		AGENCY NAME (if employed under an agency)	
<hr/>		<hr/>	
WEBSITE (if applicable)	CITY/TOWN	POSTAL CODE	
<hr/>	<hr/>	<hr/>	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
<hr/>	<hr/>	<hr/>	
ADDITIONAL LANGUAGES SPOKEN			
<hr/>			
Willing to travel to other communities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please note communities willing to travel to (e.g. Regina, Moose Jaw):			
<hr/>			
<hr/>			
USE OF REMOTE TECHNOLOGIES		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you offer:

OFFICE OR CLINIC BASED APPOINTMENTS YES NO

HOME VISITS YES NO

DESCRIPTION OF SERVICES OFFERED (i.e. specific therapies) (Maximum of 285 characters/50 words)

SECTION 2 DOCUMENTATION CHECKLIST

Please review the qualifications for Behaviour Consultants (page 4) or for Speech-Language Pathologists, Occupational Therapists, Physical Therapists, Psychologists, or Social Workers (page 5). Please confirm you have attached the following documentation:

<p>For Behaviour Consultants Only:</p> <p>Category A</p> <p><input type="checkbox"/> Board certification documentation (if certified)</p> <p><input type="checkbox"/> Copies of official transcripts or degrees if not yet certified</p> <p>Category B</p> <p><input type="checkbox"/> Board certification documentation (if certified)</p> <p><input type="checkbox"/> Copies of official transcripts or degrees if not yet certified</p> <p><input type="checkbox"/> Letter from clinical supervisor</p>	<p>For SLP's, OT's and PT's, Psychologists and Social Workers Only:</p> <p><input type="checkbox"/> Documentation of College Membership</p>
<p>For All Professionals:</p> <p><input type="checkbox"/> Curriculum Vitae – including details of autism-specific employment and academic experience</p> <p><input type="checkbox"/> Criminal Record Check*</p>	

****A Criminal Record Check, including vulnerable persons check, is required for all professionals on the registry and must be performed within six months of the application.***

****Please contact your local police service or RCMP.***

SECTION 3 ACKNOWLEDGEMENTS

Please read the following statements and indicate agreement by signing your name below.

1. I meet the required qualifications for Behaviour Consultants or for Speech-Language Pathologists, Occupational Therapists, Physical Therapists, Psychologists or Social Workers.
2. I authorize the Saskatchewan Ministry of Health to use my name on the online Registry of Autism Service Providers.
3. I agree to provide an updated criminal record check every 5 years as required to remain on the Registry.
4. Every 2 years, service providers must renew their registry status.
5. I agree to provide the Saskatchewan Ministry of Health with updates regarding my contact information and any changes to my scope of practice within 30 days of the change taking place.
6. In consideration for having my name added to the Registry of Autism Service Providers, I agree to indemnify and save harmless the Province, the Ministry of Health and any employees or agents of any ministry of the public service of the Province from any losses, claims, damages, actions, causes of actions, costs and expenses that any one or more of them may sustain, incur, suffer or be put to at any time, which are based upon, arise out of or occur, directly or indirectly, by reason of, any act or omission by myself or by my agents, employees, officers, directors, or subcontractors as a direct result or indirect result of having my name on this registry.

NAME OF APPLICANT (Please Print)	SIGNATURE OF APPLICANT	DATE
_____	_____	(yyyy/mm/dd)

PLEASE EMAIL/FAX/MAIL YOUR COMPLETED SERVICE PROVIDER APPLICATION TO:

Ministry of Health, Community Care Branch
3475 Albert St.
Regina, SK
S4S 6X6
Phone: (306) 787-4587
Fax: (306) 787-7095
Email: Autismregistry@health.gov.sk.ca

APPLICATION FOR REGISTRY OF AUTISM SERVICE PROVIDERS

BEHAVIOUR CONSULTANT REQUIRED QUALIFICATIONS

MINIMUM QUALIFICATIONS FOR BEHAVIOUR CONSULTANTS

Certification or Degree Requirements

Category A:

A person who is a Board Certified Behaviour Analyst (BCBA)

OR

A person who has been accepted into or is currently registered with an accredited postsecondary institution and is within two years of receiving board certification. Must provide a letter from the postsecondary institution regarding acceptance or current registration, and proof of board certification within two years to remain on the registry.

Category B:

A person who is a Board Certified Assistant Behaviour Analyst (BCaBA)

OR

A person who has been accepted into or is currently registered with an accredited postsecondary institution and is within two years of receiving board certification. Must provide a letter from the postsecondary institution regarding acceptance or current registration, and proof of board certification within two years to remain on the registry.

Must have on-going direct clinical supervision from a clinical supervisor who would be eligible for registration under category A. The supervising consultant must take responsibility for and sign all behaviour plans.

Category C:

A person who is currently providing Applied Behaviour Analysis services to children with autism will be grandfathered into the Behaviour Consultant category to provide the same level of service.

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APPLICATION FOR REGISTRY OF AUTISM SERVICE PROVIDERS

SPEECH-LANGUAGE PATHOLOGIST, OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, PSYCHOLOGIST, AND SOCIAL WORKER REQUIRED QUALIFICATIONS

To apply to be on the Registry, a person must meet the following criteria according to their profession:

Speech Language Pathologists:

- The professional must have and maintain through service provision, a current full registration with the Saskatchewan Association of Speech-Language Pathologist and Audiologists.

Occupational Therapists:

- The professional must have and maintain through service provision, a current full registration with the Saskatchewan Society of Occupational Therapists

Physical Therapists:

- The professional must have and maintain through service provision, a current full registration with the Saskatchewan College of Physical Therapists.

Psychologists:

- The professional must have and maintain through service provision, a current full registration with the Saskatchewan College of Psychologists.

Social Workers:

- The professional must have and maintain through service provision, a current full registration with the Saskatchewan Association of Social Workers.

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