



Speech-Language Pathology UNIVERSITY OF TORONTO

* DOCUMENT RELEASE FORM A - SUMMARY OF CLINICAL PRACTICE HOURS (SAC FORM)

Completion of this document is required in order for the Department of Speech-Language Pathology to release your final summary of clinical hours form after it has been submitted to the clinical education office. An administrative fee as indicated below applies for each release request.

Section 1: Personal Information	
Name at time of graduation: _____ <small>(Last Name, First Name, Middle Initials)</small>	Student #: _____ Graduating Year: _____
Section 2: Name of Association / Regulatory Body / Individual	
<input type="checkbox"/> Speech-Language & Audiology Canada (SAC) \$12.00 <input type="checkbox"/> CASLPO \$12.00 <input type="checkbox"/> Bodies Outside of Ontario/Inside Canada (include organization name and mailing address) \$12.00 _____ _____ _____	
<input type="checkbox"/> Bodies Outside of Canada (include organization name and mailing address) \$12.00 _____ _____ _____	
<input type="checkbox"/> Self (include mailing address) \$12.00 _____ _____ _____	
Section 3: Payment and Authorization	
I hereby provide the Department of Speech-Language Pathology permission to issue the aforementioned documentation as specified above.	
Student Signature: _____	Date: _____
Administrative Use Only	
Total Fee Enclosed: \$ _____	Processed by: _____
<input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> cash	Date Processed: _____
	Date Received: _____

If mailing this document please return completed request form to the following mailing address: **Rehabilitation Sciences Building, Department of Speech - Language Pathology, #160-500 University Avenue, Toronto, Ontario M5G 1V7** along with the appropriate payment. **DO NOT SEND CASH BY MAIL.**

***FOR FORMS OTHER THAN THE "SAC" SUMMARY OF CLINICAL PRACTICE HOURS COMPLETE FORM B →**



**DOCUMENT RELEASE FORM B – PROOF OF HOURS COMPLETION
NON – SAC FORMAT**

Completion of this document is required in order for the Department of Speech-Language Pathology to release proof of hours accrued in the MHSc program to organizations that do not accept the SAC clinical hours form. An administrative fee as indicated below applies for each release request.

Students must complete and submit any required documentation and the Coordinator of Clinical Education will verify and sign the forms. We do not complete documentation on the student's behalf.

Section 1: Personal Information	
Name at time of graduation: _____ <small>(Last Name, First Name, Middle Initials)</small>	Student #: _____ Graduating Year: _____
Section 2: Name of Association / Regulatory Body / Individual	
<input type="checkbox"/> Bodies Outside of Ontario/Inside Canada (include organization name mailing address) that require their summary form (for example ACSLPA etc.) \$15.00 _____ _____ _____	
<input type="checkbox"/> Bodies Outside of Canada (include organization name mailing address) that require their summary form \$15.00 _____ _____ _____	
<input type="checkbox"/> Multi-Page Evidence and Summary Hours Form \$30.00 (include organization name mailing address/submit application with this release form) _____ _____ _____	
Section 3: Payment and Authorization	
I hereby provide the Department of Speech-Language Pathology permission to issue the aforementioned documentation as specified above.	
Student Signature: _____	Date: _____
Administrative Use Only	
Total Fee Enclosed: \$ _____	Processed by: _____
<input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> cash	Date Processed: _____
	Date Received: _____

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