



2010 MRA Application

Application for an assessment of competency to practise as a speech pathologist in Australia under the Mutual Recognition Agreement of Professional Association Credentials

Application for eligibility under the Mutual Recognition Agreement of Professional Association Credentials between ASHA, CASLPA, RCSLT, IASLT, NZSTA and Speech Pathology Australia, November 2008, for assessment of competency to practise as a speech pathologist in Australia

Personal Details (PLEASE USE BLOCK LETTERS)

Full Name and Title			
Date of Birth (day/month/year)	Country of Birth	First language	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Address: Number/Street:			
Suburb: State/Country: Postcode:			
Phone: Email:			
Alternative contact phone number or email address: (e.g. your work; Migration agent; contact in Australia)		Name:	
		Phone:	
		Email:	

Declaration of Authenticity of Application

I declare that I have completed this application and it is evidence of my capacity to understand and demonstrate the requirements of the speech pathology profession in Australia. I confirm that the evidence also supports that I possess the required level of oral and written English competence for the practice of speech pathology in the English language in Australia. Finally I confirm that I understand the process for assessment of my eligibility for Practising membership of Speech Pathology Australia and the purpose of this application.

Signature: Date:/...../.....

Payment Details

Payment due for MRA Assessment: AUD\$500

I enclose my cheque/money order made payable to Speech Pathology Australia for AUD\$500
OR
 Please charge my credit card AUD\$500

Credit Card Details (*tick one*)

Visa Mastercard

Card Number:

Name on credit card: Expiry date:/.....

Signature of cardholder: Date:/...../.....

MRA Application

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You will need to refer to the Guidelines for Applicants under the Mutual Recognition Agreement Professional Association Credentials to be able to complete this form.

Application is for Migration Purposes **Yes** **No**

CHECKLIST

1.1 My Home Association is (Please tick) :

- ASHA Certificate of Clinical Competence holder –Speech-Language Pathology (CCC-SLP)**
- CASLPA Certified Speech – Language Pathologists (S-LP(C))**
- RCSLT Certified Member**
- IASLT Full Member**
- NZSTA Full Member** (with the exception of those who graduated before 1993)

1.2 I am also registered with or licensed by: (please insert name and email and/or postal address of any regulatory body with which you are registered or licensed as a speech pathologist)

1.3 SPEECH PATHOLOGY AND RELATED QUALIFICATIONS

	1 st qualification	2 nd qualification	3 rd qualification
The original name of the degree qualification(s) you have received relevant to speech pathology.			
The usual English translation of the name of the above qualification(s)			
The name and country of the universities where you completed these qualification(s)			
The usual English translation of the name of the above institution(s)			
The language(s) of instruction in these courses			
The date on which you graduated			

1.4 EVIDENCE OF CHANGE OF NAME
If your name has changed since graduation either through marriage or some other event, please attach a *certified copy* of the official document registering your change in name.

1.5 PROFESSIONAL RECOGNITION (All Applicants)
I have requested my Home Association to forward a letter of good standing attesting that I hold current certification (**refer 1.1**)

Date letter of good standing was requested/...../.....

Date from which you have been certified with your Home Association/...../.....

1.6 Additional requirements for ASHA certification holders
 a letter is required from your state board or, in absence of regulatory board in your state or similar regulatory body, stating that you are currently recognized as a practitioner in speech-language pathology, that you are fit for practice, and that there are no current pending ethical or legal issues against.

Completion of ASHA approved Clinical Fellowship within the last five years (5) or 1000 hours speech pathology practice within the last five (5) years

ASHA certificate holders who graduated with a Master's degree in speech-language pathology prior to 1998: Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.

1.7 Additional requirements for CASLPA Certified Member
 Certified proof of having completed a year of speech pathology practice since graduation in the country of certification. (A year of clinical practice is defined as a minimum of 1000 hours of speech pathology practice over a period of 12 months). Speech pathology practice is defined as being engaged in activities of speech pathology as a practitioner, educator, administrator, researcher or any combination of these activities receiving remuneration.

Certified Evidence of recency of practice - 1000 hours of speech pathology practice, within the last five (5) years.

Certified members who were certified prior to 1999: Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.

1.8 Additional requirements for RCSLT Certified Member
Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.

1.9 Additional requirements for IASLT Full Members

Demonstrated competency in dysphagia assessment, diagnosis and management, either through evidence of specific courses passed or prior experience.

1.10 ENGLISH COMPETENCY

All applicants whose first language is not English and/or whose training was not in English will be required to sit an Occupational English Test (OET) conducted through OET/CAE (formerly Language Australia) before a final determination of their eligibility for membership can be made.

A very high standard of English is required to achieve an acceptable result in this test. I have sat for the Occupational English Test (results to be forwarded to Speech Pathology Australia) or supplied other specified evidence of English competency.

1.11 COMPLETED APPLICANT DECLARATION AND CONSENT FORM

(Please see over)

Please ensure that you have signed the Declaration of Authenticity on the front page.

Please return completed application and supporting documents to:

Speech Pathology Australia
2nd floor, 11-19 Bank Place
Melbourne VIC 3000 Australia

An application fee of \$500 (Australian dollars) must accompany this application.

This fee is non-refundable.

Speech Pathology Australia Office Use Only

Amount \$.....

Signed:

Date:/...../.....

All documentation completed

Applicant Declaration and Consent Form

I, (name)

declare that:

- i) I have no found or pending charges, convictions and disciplinary actions against me in relation to the practice of speech pathology.
- ii) I do not have any conditions that may seriously affect my ability to practise as a speech pathologist.
- iii) I have not been refused registration as a health practitioner in any state or country.
- iv) I have not been charged with any offence or convicted of any criminal offence that would render me an unsuitable person to practise as a speech pathologist (note – if you have a prior conviction that may or may not be spent or lapsed at law, you should seek legal advice about whether you can make this declaration prior to completing this application).

and I consent to allow Speech Pathology Australia to:

- i) obtain information regarding any convictions and disciplinary actions against me including any charges pending or that may arise subsequent to my application.
- ii) use and share any non-identifying information on the results of my application to monitor the functioning of the Agreement and for research purposes.

Signature: Date:/...../.....

Witness: Date:/...../.....

Please note: The application will not be processed if the declaration and consent form is not signed.