

Application for an assessment of competency to practise as a speech pathologist in Australia under the Mutual Recognition Agreement of Professional Associations Credentials (2022)

To be eligible to apply you must hold current certification from or have membership of one of the signatory MRA Associations. You must also have completed your professional education and qualification to practice as a speech pathologist in a country that is signatory to the MRA Agreement.

*\*This is not an application for membership of Speech Pathology Australia.*

## 1. Personal Information

Title: ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Mr ☐ Dr ☐ Assoc. Professor ☐ Professor

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Preferred Name: *(if applicable)* \_\_\_\_\_ Former Name: *(if applicable)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Unspecified

Country of Residence: \_\_\_\_\_ Country of Passport: \_\_\_\_\_

Languages Spoken: *(please list languages spoken other than English, including Sign Language if applicable) -*

\_\_\_\_\_

## 2. Contact Details

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/County: \_\_\_\_\_

Postcode: *(if applicable)* \_\_\_\_\_ Country: \_\_\_\_\_

Phone: *(including area code)* \_\_\_\_\_ Email: \_\_\_\_\_

Alternative contact phone number or email address: *(your work, migration agent or contact in Australia)* Name: \_\_\_\_\_

Phone: *(including area code)* \_\_\_\_\_ Email: \_\_\_\_\_

### 3. How to make payment for your application.

Once Speech Pathology Australia has received your complete MRA application, you will be emailed a link and instructions on how to make the payment of **\$825 AUD**. Once your payment has been received your assessment will be allocated to one of our assessors.

This fee is non-refundable.

### Declaration of authenticity of application:

I have completed this application, and it is evidence of my capacity to understand and demonstrate the requirements of the profession and the level of my competence in written English. I can confirm that I understand the process for the assessment of my eligibility for practising membership of Speech Pathology Australia and the purpose of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. My Home Association and eligibility certification/membership category is:

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- ☐ **ASHA** Certificate of Clinical Competence Holder – Speech-Language Pathology (CCC-SLP)
- ☐ **SAC** Certified Speech – Language Pathologist (S-LP(C))
- ☐ **RCSLT** Certified Member (Cert MRCSLT)
- ☐ **IASLT** Full Member
- ☐ **NZSTA** Full Member (except for those who graduated before 1993, who are not eligible to apply under this agreement)

### 5. I am also registered with or licensed by:

(Please provide name and email and/or postal address of anybody with which you are registered or licensed as a speech pathologist)

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**6. Application is for Migration Purposes:** ☐ No ☐ Yes, If yes VISA Type \_\_\_\_\_

## 7. Translation of Documents

Any document in a language other than English must be accompanied by a translation into English by a professional translator. The name, official title, address, and signature of the translator must be provided.

## 8. English Language Competence

Speech Pathology Australia is keen to increase the number of languages in which competent clinical practice is available, but this does not replace or remove the requirement for competent professional use of English.

Applicants are exempt from providing evidence of the Occupational English Test (OET) or the International English Language Testing System (IELTS) if they hold an entry level speech pathology qualification conducted in English from a University in the UK, USA, Canada, New Zealand, or the Republic of Ireland.

If any aspect of your application raises concerns about your English language competence, you will be directed to completed either the OET or the IELTS or provide additional evidence of your English competence, even if you indicated that your dominant language is English.

Please answer Yes or No to the statements:

Questions	YES/NO	If you answered "NO", please record the languages
My dominant language is English?		
My speech pathology professional education was conducted in English?		

## 9. Speech Pathology Related Qualifications

	1st Qualification	2nd Qualification	3rd 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)			

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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			

### Translation of Documents

Any document in a language other than English must be accompanied by a copy into English by a professional translator. The name, official title, address, and signature of the translator must be provided.

Any documents in a language other than English have been translated by a professional translator. The document is attached in both the original language and in translation. The primary document is a copy of the original. The translator's full name and contact details appear on the document.

## 10. Evidence of Change of Name

If your name has changed since graduation either through marriage or some other event, please attach a copy of the official document registering your change in name.

## 11. Letter of Good Standing (all applicants)

I have requested my Home Association to forward a "Letter of Good Standing" to Speech Pathology Australia attesting that I hold current certification. This must be dated within six months of the date of your declaration.

Date "Letter of Good Standing" was requested \_\_\_\_\_

## 12. Required Documents for ASHA, SAC, RCSLT and IASLT Applicants

☐ If this information is available on the web, please also provide the following details:

Name of Registration Body: \_\_\_\_\_

Website: \_\_\_\_\_

License Number: \_\_\_\_\_

### Additional Requirements

#### For ASHA Certification Holders

- ☐ The letter from your state board or equivalent regulatory body, attesting that you are currently recognised as a practitioner in a speech-language pathology, that you are fit for practice, and that there are no current pending ethical or legal issues against you.
- ☐ Evidence that you have completed an ASHA approved Clinical Fellowship within the last five years or that you have 1000 hours of speech pathology practice within the last five years.
- ☐ If you graduated with a Master's degree in speech-language pathology prior to 1998: Evidence of dysphagia competency needed.

#### For Certified SAC Members

- ☐ Evidence that you have completed a minimum of 1000 hours of speech pathology practice since graduation.
- ☐ Evidence of recency of practice – 1000 hours of speech pathology practice within the last five years.
- ☐ Members who were certified prior to 1999: Evidence of dysphagia competency needed.

#### For RCSLT Certified Members

- ☐ Evidence of dysphagia competency (Members who graduated prior to 2015, the RCSLT Dysphagia Training & Competency Framework at Level C is not sufficient on its own. Members who graduated after 2015, RCSLT Dysphagia Training & Competency Framework at Level C is sufficient. A copy of the Framework with competencies signed off by your clinical supervisor is required.)

#### For IASLT Full Members

- ☐ Evidence of dysphagia competency is required for members who graduated prior to 2011.

### 13. Evidence of Dysphagia Competency Submitted

If evidence of dysphagia is required, please confirm which documents you have included.

Documents Provided	Please Tick
a. Details of University coursework and clinical experience	
b. Details of clinical experience accompanied by declaration from a supervising speech pathologist that your skills meet the Australian requirement.	
c. Course or Courses already completed. i) University of Auckland SPHSCI 701	<input type="checkbox"/>
ii) Other: _____ (details are attached to my application)	<input type="checkbox"/>

### 14. Speech Pathology Related Work Experience

	Employer 1	Employer 2 (if applicable)	Employer 3 (if applicable)
Employer name and Country			
Job Title			
Commencement Date			
Completion Date			

## 14. Completed Application Declaration and Consent Form

(Please see over)

## 15. Required Documents (all applicants)

I have provided the following documents (In accordance with Level 2 National Identity Proofing Guidelines)

**Note: All supporting documents must be of high quality, full coloured copies of original documents. Scanned copies must be a minimum 300dpi. You must take a photo of all official photograph bearing documents. Please ensure the entire document is visible in all photographs, including all edges.**

- ☐ Passport (Photo showing both pages and all four corners)
- ☐ Birth Certificate (This can be scanned at minimum requirements, or a photo can be taken)
- ☐ At least one other official photograph bearing document. (Photo showing all four corners)
- ☐ Degree and any post-graduate qualification(s) received in speech pathology, speech therapy, speech sciences, or similar. (This must be in English. This can be scanned at minimum requirements, or a photo can be taken)

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 after my application.
- ii) Use and share any non-identifying information on the results of my application to monitor the functioning of this assessment process and for research purposes.
- iii) Contact referees or supervisors to confirm the authenticity and accuracy of information.

I also declare that all the material submitted as part of my application is the result of my independent effort. No other person has assisted me with my application. I confirm that the contents of my application also represent my independent competence in professional use of English.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This application will not be processed if there is no signature above.**

**Incomplete application will not be processed, so please ensure that all required documents are included, and all identity documents have been photographed and supporting documents have been photocopied at a minimum of 300dpi and are in full colour.**