



College of Audiologists and Speech-Language Pathologists –
Newfoundland and Labrador
Suite 435, Unit 50
Hamlyn Rd. Plaza, St. John's, NL A1E 5X7
Email: info@caslpnl.ca

Form 5-90

Website: www.caslpnl.ca



College of Audiologists and Speech-Language Pathologists –
Newfoundland and Labrador
209 Blackmarsh Road
St. John's, NL, A1E 1T1
Website: www.caslpnl.ca

DATE

Dear NAME MENTEE NAME,

Your mentorship contract has been approved by the College Board. We will contact the Registrar to confirm that this requirement for your application for registration has been met. You will be contacted by the Council of Health Professionals once your registration has been approved.

A Mentorship Report and Rating Form must be submitted after every two hundred hours of work and it will be reviewed by the College Board.

Mentor: MENTOR NAME

After final approval, the College will contact the Council recommending General Registration Status be issued. You must request an extension of your mentorship if these requirements cannot be met by the end of the contract date.

If you have any further questions or concerns, please do not hesitate to contact us.

Yours sincerely,

CASLP-NL Secretary