Speech-Language & Audiology Canada
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I, ____, hereby give permission to:
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to release the following information

for the _________________________ SAC Clinical Certification Examination:
Examination Date

☐ results of this **SAC Clinical Certification Examination.**

CSHHPBC registrants only:

☐ confirmation that I have registered to write this **SAC Clinical Certification Examination.**

to:

Please complete all information

Regulatory Body: ____

Street Address: ____

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____ Exam Candidate Signature

____________________________ Date

Please submit to:

Bev Bonnell
Email: bev@sac-oac.ca
Fax: 613-257-2859