



## Request for Letter of Good Standing For SAC Clinically Certified Members

Letters of good standing are sent directly to the recipient (by regular mail only) and a copy is sent to the member.

### Member Information:

Membership Number: \_\_\_\_\_ SAC Clinically Certified:  Yes  No  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Recipient Information:

Company/Association: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

### For ASHA CFY and Certification Candidates Only (request must be made by the SAC clinically certified member):

Student Name: \_\_\_\_\_ ASHA Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Submit this form to:

SAC  
1000-1 Nicholas St  
Ottawa, ON K1N 7B7  
Email: [certification@sac-oac.ca](mailto:certification@sac-oac.ca)  
Fax: (613) 567-2859