Clinical and Alternative Work Profile

Name of speech pathologist: (*First name, Middle Initial, Last name)*

Work Designation

- ☐ Home Care Provider
- ☐ Program developer
- ☐ Lecturer / Academician
- ☐ Others (please specify) _____
- ☐ Private / independent clinic
- ☐ Consultant
- ☐ Resource person

Describe in 350-500 words the nature of your work and degree of involvement in the field of Speech Pathology. Include typical clientele and type of service provided.

☐ By clicking this, I certify that the foregoing statements are true and correct to the best of my knowledge and belief, and understand willfully that false statement is sufficient cause for rejection of this application.

After completing the form, please email this together with other required documents to PASP.Membership@gmail.com.