Ordre des orthophonistes et audiologistes du Québec

EQUIVALENCY REVISION APPLICATION FORM

The candidate whose diploma or training equivalency is not recognized by the Board of Directors, or is only partially recognized, may request a review **within 30 days of receipt** of the Board's decision.

To request a review of the equivalency decision, this form must be completed and submitted to the **General Secretariat by email at secretariatgeneral@ooaq.qc.ca or by mail to the address listed at the bottom of the page.** A fee of **$175.00 (plus taxes)** applies. The invoice and payment instructions will be sent to you upon receipt of your form.

The review will be conducted **within 60 days from the date the Equivalency Review Committee receives the request.**

Personal information

Surname :	Given name :

Correspondence address

Adress :

Street Adress | City | Province | Postal Code

Phone number : | Cell phone (mobile) :

Work phone : | Email :

I wish to submit a request for a review of the Board of Directors' decision regarding my equivalency.

Date of receipt of the Board of Directors' decision:

For each course or practicum for which you are requesting a review, please explain the reasons justifying your request.

Please check the designated box if you are submitting an additional document in support of your request. If the space provided is insufficient, please attach another document to the form.

Ordre des orthophonistes et audiologistes du Québec
630, rue Sherbrooke Ouest, bureau 800, Montréal (Québec) H3A 1E4
Téléphone : **514-282-9123** Sans frais : **1 888-232-9123**
Télécopieur: **514-282-9541**
info@ooaq.qc.ca

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Field of practice or internship:	Cliquez ou appuyez ici pour entrer du texte.	
Reasons justifying your request: Cliquez ou appuyez ici pour entrer du texte.		
Documents attached :	Yes ☐	No ☐

2

Field of practice or internship:	Cliquez ou appuyez ici pour entrer du texte.	
Reasons justifying your request: Cliquez ou appuyez ici pour entrer du texte.		
Documents attached :	Yes ☐	No ☐

3

Field of practice or internship:	Cliquez ou appuyez ici pour entrer du texte.	
Reasons justifying your request: Cliquez ou appuyez ici pour entrer du texte.		
Documents attached :	Yes ☐	No ☐

4

Field of practice or internship:	Cliquez ou appuyez ici pour entrer du texte.	
Reasons justifying your request: Cliquez ou appuyez ici pour entrer du texte.		
Documents attached :	Yes ☐	No ☐

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Field of practice or internship:	Cliquez ou appuyez ici pour entrer du texte.
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Documents attached :	Yes ☐	No ☐

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