



Request for Reimbursement of Student Registration Fee for Hanen ITTT Certification Workshop

Name of Hanen Certified SLP:

Daytime Phone Number:

Evening Phone Number:

Mailing Address (for reimbursement):

Location of Student ITTT Attended:

Instructor Name:

Dates of Workshop:

Registration Fee Amount:

The following criteria has been met:

Position within Ontario's PSL is the applicant's first place of employment as an SLP

The request for registration fee reimbursement is within one year of the applicant's course completion (i.e. eligible for employment as an SLP)

The certification workshop was held in conjunction with an Ontario University

Proof of graduation with a Masters in Speech Pathology has been submitted to the Hanen Centre (completes requirements for ITTT certification)

A signed ITTT cooperative agreement has been submitted to The Hanen Centre

Name of Regional PSL Coordinator (please print):

PSL Region of:

Signature of Regional PSL Coordinator:

Date:

Upon completion please forward to Hanen Provincial via:

Fax: 905-574-8843 or Email: ontario@hanen.org