

IRISH ASSOCIATION OF SPEECH AND LANGUAGE THERAPISTS

I.A.S.L.T.



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IASLT Application for Letter of Good Standing

<p>* Please note that a Letter of Good Standing will be issued only upon completion of a minimum of one year as a full member of IASLT</p>
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Full Name: _____

Correspondence address: _____

Phone/e-mail contact: _____

Membership Number: _____

Dates of Membership: _____

Professional Association to which applicant is applying:

I consent to IASLT sharing information held in relation to my status of Good Standing with other professional associations if required:

Signed: _____

Date: _____

IASLT Full Membership: Refers to practicing speech and language therapists who fulfill the IASLT requirements for continuing professional development and who have committed to abide by the IASLT Code of Ethics and Professional Conduct.

Good Standing: To be in “Good Standing” with IASLT the member must have agreed to meet all the requirements for recognition for membership, to have agreed to abide by the IASLT Code of Ethics and Professional Conduct, to meet the requirements for continuing professional development and must not be subject to any disciplinary investigation or sanction.

To be completed by Membership Committee

Confirmation of Membership Dates:

Signature of Membership Committee: _____

Date: _____