



# Application Change of Most Responsible Physiotherapist

## 1. Practice Setting

Name of practice setting \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_

Postal code \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

## 2. Ownership

Owner's Name (1) \_\_\_\_\_

Owner's Name (2) \_\_\_\_\_

Owner's Name (3) \_\_\_\_\_

## 3. Most Responsible Physiotherapist

I, \_\_\_\_\_  
Physiotherapist's Name Registration Number

a regulated member of the College of Physiotherapists of Alberta, on the General Register, accept the appointment of 'most responsible physiotherapist' for the practice setting named in this application. As the most responsible physiotherapist it is my responsibility to provide oversight ensuring that the College of Physiotherapists of Alberta's standards of practice, code of ethics and other professional obligations are met.

I understand that it is my responsibility to inform the College of Physiotherapists of Alberta immediately if I cease to be the most responsible physiotherapist at this practice setting.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Owner Signature

The undersigned agrees to advise the College of Physiotherapists of Alberta of any and all changes to information collected on this application either before or after approval.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## COMPLETED APPLICATION

Email: [registration@cpta.ab.ca](mailto:registration@cpta.ab.ca)

Mail: College of Physiotherapists of Alberta, Suite 300, 10357 109 Street, Edmonton AB T5J 1N3

Physiotherapy Alberta - College + Association operates as the College of Physiotherapists of Alberta.