



## Application Courtesy Register\_Cross-border

### 1. Personal Information

Full legal name (first/middle/last)

Name you will use in practice

Other last name (if applicable)

Date of birth (month/day/year)

☐ Female

☐ Male

### 2. Current Residence Address

Street

City/Town

Province/State

Country

Postal/Zip/Country code

Email

Home telephone number

Mobile telephone number

### 3. Residence History

Every country you have lived, including Canada, for 90+ days within 10 years of this application or dating back to your 18th birthday.

Country AND Date Range (month/year)

Country AND Date Range (month/year)

Country AND Date Range (month/year)

Country AND Date Range (month/year)

### 4. Physiotherapy Education

Degree awarded

University

Province/State/Country

Year

Degree awarded

University

Province/State/Country

Year

### 5. Registration

Details of current registration in a Canadian province or territory

Province/Territory

License/Registration Number

Effective Date

Expiry Date

### 6. Purpose for Registration in Alberta

- ☐ Tele-rehabilitation for the purpose of continuing to provide patient care for patients whose physiotherapy began in my primary jurisdiction and would benefit from continued and time-limited service in Alberta.
- ☐ Tele-rehabilitation for the purpose of providing patient care where services are not available in Alberta but would benefit patients.
- ☐ In-person services for the purpose of continuing to provide patient care for patients whose physiotherapy began in my primary jurisdiction and would benefit from continued and time-limited service in Alberta.
- ☐ In-person services for the purpose of providing patient care where services are not available in Alberta but would benefit patients.

Name of facility and address where services will be delivered

## 7. Good Character + Reputation Declarations

A. Are you **currently** involved in an inquiry or proceeding respecting your practice as a physiotherapist, or another regulated professional, in any jurisdiction? *An inquiry or proceeding can include, but is not limited to, appearance before a regulatory panel or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.* ☐ Yes ☐ No

If yes, provide details including whether there are current terms, conditions or restrictions on your license/permit because of the inquiry or proceeding.

B. Were you **previously** involved in an inquiry or proceeding respecting your practice as a physiotherapist, or another regulated professional, in any jurisdiction which resulted in actions against you. *An inquiry or proceeding can include, but is not limited to, appearance before a regulatory panel or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.* ☐ Yes ☐ No

If yes, at the conclusion of the inquiry or proceeding, what was the outcome?

What is the current status of the outcome, e.g. concluded, outstanding?

C. Have you ever had an application for registration as a physiotherapist, or another regulated professional, refused? ☐ Yes ☐ No

If yes, provide details.

D. Have you ever been charged, pleaded guilty or been found guilty of a criminal offense in any jurisdiction? ☐ Yes ☐ No

If yes, provide details.

E. Has there ever been a judgement in a civil action made against you with respect to your practice as a physiotherapist or another regulated professional? ☐ Yes ☐ No

If yes, provide details.

## 8. Payment

The application fee may be charged to the credit card below.

Credit card number \_\_\_\_\_ Expiry date (mm/yy) \_\_\_\_\_

## 9. Applicant's Declaration

I declare that the information on this application is true and complete to the best of my knowledge. I understand a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration for which may be granted to me. I agree to inform the College of Physiotherapists of Alberta if any of the information reported on this form changes between now and the date my registration is approved. I agree to remain registered in my primary jurisdiction while registered on the College of Physiotherapists of Alberta's Courtesy Register.

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

**Acceptable signatures** are: scanned image of signature, wet signature (print the form and sign with a pen), an electronic signature IF the document properties identify the signatory. **Not acceptable** is a typed name WITHOUT proper signature properties.