

## Regulatory History

### Section 1: Consent for release of information

This section is to be completed by the Applicant and sent to the **Canadian regulatory authority** for completion.

Applicant's full name \_\_\_\_\_ Other last name (if applicable) \_\_\_\_\_ Date of birth (YYYY-MM-DD) \_\_\_\_\_

Profession \_\_\_\_\_ Registration/license number \_\_\_\_\_

I authorize the regulatory authority named below to provide, at my expense if applicable, the information in Section 2 requested by the College of Physiotherapists of Alberta. I understand and accept this means the regulatory authority will provide full disclosure of any and all information requested in addition to information determined by the College of Physiotherapists of Alberta to be relevant to my application for registration as a physiotherapist in Alberta.

Name of regulatory authority \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date of signing \_\_\_\_\_

### Section 2: Report on regulatory history

This section to be completed by the regulatory authority and returned directly to the College of Physiotherapists of Alberta by post or email.

Dates of registration and the current registration status/license type held. If currently registered, include expiry date of current registration.

\_\_\_\_\_  
\_\_\_\_\_

Description of any current terms, conditions or restrictions on the Applicant's registration/license.

\_\_\_\_\_  
\_\_\_\_\_

Record of all attempts of your jurisdiction's clinical evaluation for full licensure/registration.

Type of clinical evaluation	Date completed	Result
_____	_____	_____
_____	_____	_____

Is the Applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity or professionalism in your jurisdiction? *An inquiry or proceeding can include, but is not limited to, appearance before a 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 the Applicant's registration/license because of the inquiry or proceeding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Applicant **previously** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity or professionalism in your jurisdiction? *An inquiry or proceeding can include, but is not limited to, appearance before a 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?

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

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Describe any reported criminal charges or convictions against the Applicant.

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Name of regulatory authority:

Name and title of signatory:

Signatory's contact information:

Date of issue:

Signature:

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