



# Application Approval of Practice Setting

## Ownership by a non-regulated member

### 1. Practice Setting

Name of practice setting

Street address

City/Town

Province

Postal code

Telephone number

Email

### 2. Ownership

#### Owner (1)

Owner's Name

Telephone number

Owner's mailing address

Email

#### Owner (2)

Owner's Name

Telephone Number

Owner's mailing address

Email

#### Owner (3)

Owner's Name

Registration Number

Owner's mailing address

Email

### 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. APPLICATION FEE

A non-refundable \$250.00 application fee is charged for reviewing and processing the application\*.

- MasterCard or Visa                       Cheque (enclosed)

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

\* The application fee is waived for additional practice settings with the same owner(s) and using the same supporting documents.

- This is an initial application (application fee applies)  
 This is an application for an additional practice setting (application fee waived)

## 5. 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

### SUBMIT completed application to:

Email: registration@cpta.ab.ca

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

### INCLUDE:

- Evidence the practice setting has appropriate policies and procedures in place that include but are not limited to:
- Standard employment/practice contact with physiotherapy staff
  - Practice setting's privacy statement
  - Privacy Impact Assessment (PIA) if available
  - Practice setting's policy and procedures that outline:
    - Administrative, physical and technical safeguards in place to protect confidential information
    - Record keeping expectations
    - Information about storage, retention, access, and disposal of clinical and financial records
    - Use, supervision and assignment of support personnel
    - Infection, prevention and control measures including hand washing facilities, clinic clean schedule, disposal of sharps, and reprocessing of equipment if applicable
    - Critical event management templates
    - Fee guidelines
    - Billing practices including ability of physiotherapists to audit their billing records
- Description how compliance with policies and procedures are communicated to physiotherapists and monitored

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