COLLEGE OF PHYSIOTHERAPISTS OF ALBERTA

Application Approval of Practice Setting

Ownership by a regulated member of a College under the HPA

| Practice Setting | | | |
|---|----------|---------------------|--|
| | | | |
| Name of practice setting | | | |
| Street address | | | |
| City/Town | Province | Postal code | |
| Telephone number | Email | | |
| Ownership | | | |
| Owner (1) | | | |
| Owner's Name | | Registration Number | |
| Name of HPA College owner is registered | with | | |
| Owner (2) | | | |
| Owner's Name | | Registration Number | |
| Name of HPA College owner is registered | with | | |
| Owner (3) | | | |
| Owner's Name | | Registration Number | |
| Name of HPA College owner is registered | with | | |
| Most Responsible Physiotl | nerapist | | |
| 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 | |

| A non-refundable \$250.00 application fee is charged for reviewing and processing the application*. MasterCard or Visa | | | |
|--|---|--|--|
| ☐ MasterCard or Visa ☐ Cheque (enclosed) Credit card number | | | |
| Credit card number Expiry date (mm/yy) | A non-refundable \$250.00 application fee is charged for reviewing and processing the application*. | | |
| | | | |
| * The application fee is waived for additional practice settings with the same owner(s). | | | |
| 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 | | | |

Email: 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.