

# Regulatory History Form

## Section 1: Consent for release of information

The applicant is to complete this section and send it to the Canadian regulatory authority named below to complete Section 2.

Applicant's full name	
Applicant's date of birth	
Registration number assigned by the regulatory authority	

By signing this form, I authorize the regulatory authority **named below** to provide the information in Section 2 requested by the College of Physiotherapists of Alberta (CPTA). I understand and accept that the regulatory authority will fully disclose any information requested and information determined by the CPTA to be relevant to my application for registration as a physiotherapist in Alberta.

Name of regulatory authority	
Date of signing	
Applicant's signature	

## Section 2: Report on Regulatory History

The regulatory authority must complete this section and return it to the College of Physiotherapists of Alberta by emailing [registration@cpta.ab.ca](mailto:registration@cpta.ab.ca) or mailing.

Name of regulatory authority	
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Records include the following information concerning the registrant named below.

Registrant's name	
Registrant's registration number	

## Registration

Initial registration date	
Current registration (e.g., license type or status)	
Current registration effective date	
Current registration expiry date	
Current terms, conditions, or restrictions. If yes, details required.	
If gaps in registration, provide all registration date ranges	

## Current Proceeding

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, an 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.

## Previous 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, an 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?

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

### Criminal Charges or Convictions

Describe any reported criminal charges or convictions against the applicant.

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### Entry-to-Practice Clinical Competency Evaluation

Attempts of any Canadian jurisdiction's clinical evaluation for full licensure.

Type of Clinical Evaluation	Date Attended	Result
<input type="checkbox"/> Provincial OSCE		
<input type="checkbox"/> Practice Assessment		
<input type="checkbox"/> Structured Interview		
<input type="checkbox"/> University of Sherbrooke Final Comprehensive Exam		
<input type="checkbox"/> Other		

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### Signatory Section

Name and title of signatory	
Signatory's telephone number	
Signatory's email address	
Date of signing	
Signature	