

Application Courtesy Register

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

List the regulatory organizations where you have been registered/licensed as a physiotherapist, or another regulated professional, for the last 10 years: name of organization, profession, province/country, registration dates, registration number.

6. Purpose for Temporary Registration in Alberta

- Visiting clinician (ie., providing professional services directly to public at an event, as an exchange program participant)
- Visiting instructor (ie., providing physiotherapy instruction or demonstration involving direct patient care, providing instruction for the performance of a restricted activity)
- Visiting learner (ie., course participant performing a restricted activity)

Event/Course _____ Start Date _____ End Date _____

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 _____

The information collected on this form is used for regulatory purposes. This includes determining registration eligibility, maintaining the member register and implementing the investigation and discipline process. The information is also used to support activities that further the College of Physiotherapists of Alberta's mandate to protect the public interest. An example of this is workforce planning and research that promotes innovative, quality physiotherapy care. The College of Physiotherapists of Alberta keeps complete registration files for 10 years following removal from the register.

Completed application: Suite 300, 10357 109 Street, Edmonton AB T5J 1N3 | registration@cpta.ab.ca | Fax: 780.436.1908