



Application

Registration as a Physiotherapist

1. Personal Information

Practice Name

Name to appear on your practice permit and Public Register.

First Name Middle Name Last Name

Other name(s)

All names, other than Practice Name, associated with you, e.g., full legal name, previous name, maiden name, alias or adopted name.

First Name	Middle Name	Last Name

Demographics

Gender Birth date (mm/dd/yyyy)

2. Language

English Language (For internationally-educated applicants)

Date you sent the Verification Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) to confirm the English language proficiency standard was met through the credentialing assessment.

Date (mm/dd/yyyy)

Other Language(s) (For all applicants)

Language other than English in which you can provide physiotherapy services.

Other Language(s)

3. Current Residence Address

Street Address

City Province/State Country Postal/Zip/Country Code

4. Other Contact Information

Home telephone number Mobile telephone number Email

5. Criminal Record

Every country, including Canada if applicable, where you have lived for 90+ days within 10 years of this application or dating back to your 18th birthday.

Country	Date Range

6. Regulatory History

Physiotherapist

Jurisdictions where you worked as a physiotherapist for the last 10 years.

Registration #	Organization Name	Organization Country	Effective Date	Expiry Date

Other regulated professional

Jurisdictions where you worked as another regulated professional for the last 10 years.

Registration #	Organization Name	Organization Country	Effective Date	Expiry Date

7. Education

Physiotherapy Education

All university-level physiotherapy education.

Degree awarded	University	Province/State/Country	Year

Other Education

University-level education other than physiotherapy.

Degree awarded	Program Completed	University	Province/State/Country	Year

8. Physiotherapy Competency Examination

Complete record of Physiotherapy Competency Examination attempts, including written and clinical.

Candidate ID or Client ID

Written Component

Exam Date	Result Date	Result

Clinical Component

Exam Date	Result Date	Result

9. Clinical Evaluation

Complete record of all attempts of any Canadian physiotherapy regulator's clinical evaluation for licensure/registration.

Jurisdiction	Clinical Evaluation	Result Date	Result

10. Jurisprudence Module

Date you successfully completed the College of Physiotherapists of Alberta's jurisprudence module.

Date (mm/dd/yyyy)

11. Insurance

Insurance policy in effect at time of applying.

Insurance Provider

Policy number

12. Practice Hours

Hours you worked as a physiotherapist in any jurisdiction during the last 5 years.

Oct 2017 - Spt 2018	Oct 2018 - Spt 2019	Oct 2019 - Spt 2020	Oct 2020 - Spt 2021	Oct 2021 - Spt 2022

13. Supervised Practice

One record for each practice location with future employment.

Practice Location	Supervisor's Name and Registration #

14. Employment

Have you worked as a physiotherapist in any jurisdiction during the last 10 years?

☐ Yes ☐ No

Employment Record for Current Registration Year

If yes, list all location(s), in any jurisdiction, where you worked as a physiotherapist since October 1, 2022.

Organization Name	Organization Address (including Country)	Effective Date	Expiry Date

Employment History

If yes, list all location(s), in any jurisdiction, where you worked as a physiotherapist for the last 10 years, excluding locations reported above.

Organization Name	Organization Province/State & Country	Effective Date	Expiry Date

15. Mandatory Sexual Abuse and Sexual Misconduct Education Declaration

I completed the mandatory sexual abuse and sexual misconduct education and have met the learning objectives, namely I know:

☐ Yes ☐ No

- "Who is a patient" as defined by the Sexual Abuse and Sexual Misconduct Standard of Practice, and
- Why and how the standard of practice and guides for protecting patients from sexual abuse or misconduct are relevant to my practice.

16. 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 profession? ☐ Yes ☐ No

If yes, provide details.

17. Payment

The application and practice permit fee may be charged to the credit card below.

☐ MasterCard

☐ Visa

Credit card number _____ Expiry date (mm/yy) _____

Fees are charged to your credit card when your application is approved and based on the effective date of registration to September 30 of the current registration year.

18. 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.

Signature _____ Date _____

Acceptable signatures are: scanned image of signature, wet signature (print the form and sign with a pen), an electronic signature IF the document properties identify the signatory. **Not acceptable** is a typed name WITHOUT proper signature properties.