

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA  
Suite 1420, 1200 West 73<sup>rd</sup> Avenue, Vancouver, BC V6P 6G5  
Phone: (604) 730-9193 Fax: (604) 730-9273

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**for CONFIRMATION OF EMPLOYMENT**

***INSTRUCTIONS TO APPLICANT:***

*Please complete the top portion of this form and forward it to the employer directly for completion. Remember to have someone witness your signature.*

I, \_\_\_\_\_, hereby authorize  
(name of applicant)

\_\_\_\_\_  
(name, address and phone number of employer)

to answer the following questions on my employment status and to release the information to the:

College of Physical Therapists of British Columbia: Suite 1420, 1200 West 73<sup>rd</sup> Avenue, Vancouver, B.C. V6P 6G5.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

1. The above applicant was employed by the above employer as a registered physical therapist.

Please provide dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

2. The applicant worked: (tick one)

Full-time: \_\_\_\_\_ Part-time \_\_\_\_\_

3. List the total number of hours worked annually for the past five years, per year:

Year: \_\_\_\_\_ Total Worked Hours: \_\_\_\_\_

Year: \_\_\_\_\_ Total Worked Hours: \_\_\_\_\_

Year: \_\_\_\_\_ Total Worked Hours: \_\_\_\_\_

Year: \_\_\_\_\_ Total Worked Hours: \_\_\_\_\_

Year: \_\_\_\_\_ Total Worked Hours: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer or Designate

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date