COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

Suite 1420, 1200 West 73rd Avenue, Vancouver, BC, Canada V6P 6G5
Phone: (604) 730-9193 Fax: (604) 730-9273
Toll Free (North America): 1-877-576-6744 Email: registration@cptbc.org

REGISTRATION NUMBER

(OFFICE USE ONLY)

APPLICATION FOR REGISTRATION

Section I PERSONAL INFORMATION

☐ Ms ☐ Mr ☐ Dr ☐ Mrs ☐ Miss

Surname | First Name | Second Name

Street

City/Town/Village | Province/State

Country | Postal Code

Country of Birth | Birthdate (YY/MM/DD) | Gender ☐ Male ☐ Female

Phone | Fax | Email

Language Skills, other than English: ☐ French ☐ Other (Please specify)

Other Names by which you are known (e.g.: Maiden name)

Section II EDUCATIONAL INFORMATION

2.1 What is your Original Professional Training (Check ONE only)

- ☐ Doctorate Degree in Physical Therapy
- ☐ Master Degree in Physiotherapy
- ☐ Bachelor Degree in Physical Therapy
- ☐ Bachelor Degree in Combined PT/OT
- ☐ Diploma in Physical Therapy
- ☐ Diploma in Combined PT/OT
- ☐ Diploma in Remedial Gymnastics

Name of University/College

Province/State | Country | Year of Graduation

2.2 What is your HIGHEST post basic education in Physical Therapy ? (if different from 2.1)

- ☐ Doctorate Degree in Physical Therapy
- ☐ Master Degree in Physiotherapy
- ☐ Bachelor Degree in Physical Therapy
- ☐ Bachelor Degree in Combined PT/OT
- ☐ Other (Please specify)

Name of University/College

Province/State | Country | Year of Graduation

2.3 Other qualifications (if applicable)

Name of Degree | Year of Graduation

Name of University/College

Province/State | Country

Do you want mail sent to your: ☐ Home ☐ Business

Section III MEMBERSHIP INFORMATION

I am applying for: (check ONE only)

- ☐ Full membership
- ☐ Interim membership
- ☐ Courtesy membership
- ☐ Return to Active Status
- ☐ Limited membership

Section IV WORKPLACE INFORMATION

Name of Facility

Address

City/Town/Village | Province/State

Country | Postal Code

Phone | Fax

Section V DECLARATION

5.1 Have you ever been reprimanded, fined, suspended or expelled from membership, or disciplined in any other way as a member of a professional organisation or licensing body related to the practice of physiotherapy? ☐ YES ☐ NO

5.2 At the present time, is there any investigation, review or proceeding taking place in any jurisdiction which could result in the suspension or cancellation of your authorization to practise physiotherapy in that jurisdiction? ☐ YES ☐ NO

5.3 Have you ever been refused a license for physiotherapy? ☐ YES ☐ NO

5.4 Have you been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Act, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws? ☐ YES ☐ NO

If you have answered YES to any of the above questions, please provide details on a separate sheet.

Section VI PREVIOUS PHYSICAL THERAPIST REGISTRATION (IF APPLICABLE)

Province/Territory/Country of Registration

Year of Registration

Section VII REFERENCES

(One personal [no immediate family] and one professional)

7.1 Name _____ Occupation _____

Address _____

_____ Phone _____

7.2 Name _____ Occupation _____

Address _____

_____ Phone _____

Section VIII CERTIFICATION

I HEREBY AUTHORIZE THE COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBA TO PROVIDE THE CANADIAN INSTITUTE OF HUMAN INFORMATION WITH NON IDENTIFYING INFORMATION FOR HEALTH HUMAN RESOURCE PLANNING.

_____ _____

Signature of Applicant Date

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ACCEPTED FOR MEMBERSHIP, I AGREE TO ABIDE BY THE HEALTH PROFESSIONS ACT OF B.C. AND THE REGULATIONS AND BYLAWS OF THE COLLEGE OF PHYSICAL THERAPISTS IN FORCE PURSUANT THERETO.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Witness Name of Witness (Please Print)

_____ _____

Address of Witness Phone Number of Witness

_____

This information is collected pursuant to the Health Professions Act, Article 20(2). The information is held in a personal data bank accessible only by officers and employees of the College. A registrant may access the information contained in their own member file in accordance with the provisions of the Freedom of information and Protection of Privacy Act. General information regarding registrants is available to the public and is published annually.