

**AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR REGISTRATION WITH REGULATORY ORGANIZATIONS**

***INSTRUCTIONS TO APPLICANT:***

*Please complete the top portion of this form which will authorize the licensing board to release information on your status. Have someone witness your signature. **Some boards charge a fee to verify licensure, please check with them before forwarding this form directly to them for completion.***

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

\_\_\_\_\_  
(name and address of physiotherapy regulatory authority)

to answer the following questions on my registration status and to release the information to the College of Physical Therapists of British Columbia.

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

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

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

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

1. Is the above applicant **currently** registered to practise physiotherapy in your jurisdiction? \_\_\_\_ Yes \_\_\_\_ No  
Please provide dates of registration: From \_\_\_\_\_ To \_\_\_\_\_  
Date First Registered: \_\_\_\_\_
2. Was this person registered to practise physiotherapy in your jurisdiction in the past? \_\_\_\_ Yes \_\_\_\_ No  
Please provide dates of registration: From \_\_\_\_\_ To \_\_\_\_\_
3. Are/were there any conditions/restrictions attached to this person's registration? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
4. Is the above applicant the subject of an ongoing disciplinary investigation? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please affix seal

\_\_\_\_\_  
Print name of Registrar or Designate

\_\_\_\_\_  
Signature of Registrar or Designate

\_\_\_\_\_  
Date