



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

Verification Request Form

The Canadian Alliance of Physiotherapy Regulators (CAPR) can send verification about your credentialing and / or your exam status to a provincial or territorial regulator. If you want us to send verification to your regulator, fill out the form on the other side of this page and mail or email it to our office. We will complete your request within 10 business days.

Instructions

1. Complete Section 1.
2. Return this form by mail or email to
Canadian Alliance of Physiotherapy Regulators
1243 Islington Ave, Suite 501
Toronto, ON M8X 1Y9
CANADA
csc_exams@alliancept.org

We will complete Sections 2 and 3 of this form and send the completed form to the regulators you checked off.

Note:

1. We will confirm your **credentialing status** either
 - after you have successfully completed the credentialing process
 - Or
 - after you have been granted provisional eligibility to register for the PCE.
2. We will confirm your **exam status** after we receive and process your completed exam application form, including all required payments.

The regulators will not contact you. It is your responsibility to contact provincial or territorial physiotherapy regulators for information about becoming licensed or registered.

If you have questions about this form, contact the CAPR receptionist at (416) 234-8800 or csc_exams@alliancept.org.



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FOR OFFICE USE ONLY

Date received:

Date Emailed:

SECTION 1: COMPLETE AND SEND TO CAPR (please print clearly)

A) I am requesting the following verification(s)(✓):

- Educational Credential Assessment Language Testing Registration/Completion of Exam

B) Request made by:

- Candidate Other

_____ *Full name*

_____ *Relationship to candidate*

C) Send completed request to:

Regulator(s) in (✓) BC AB SK MB ON QC PE NL NS NB YK

Other agency _____

Name and address

D) Candidate information:

Credentiaing File Number _____ Candidate PIN _____

_____ *Last name, First name (please print)*

_____ *Date of birth (dd/mm/yyyy)*

_____ *Address*

_____ *Telephone*

_____ *Date of exam (completed or pending)*

_____ *Former name (if changed)*

_____ **Candidate's signature**

_____ *Date (dd/mm/yy)*

SECTION 2: EVALUATION OF EDUCATIONAL CREDENTIALS (to be completed by CAPR)

The above named candidate has completed the CAPR credentialling assessment process with the following results:

Full Eligibility

The physiotherapy education program is not substantially different from a Canadian program. The CAPR language proficiency standards (English French) have been met. The candidate has completed the requirement regarding knowledge of physiotherapy practice in the Canadian healthcare context.

Provisional Eligibility

The physiotherapy education program is not substantially different from a Canadian program. The CAPR language proficiency standards (English French) have been met. The candidate is enrolled in education to gain knowledge of physiotherapy practice in the Canadian healthcare context but s/he has not yet completed this course. This final requirement must be met before attempting the clinical component of the Physiotherapy Competency Exam.

As per Rebecca Chamula, Senior Credentialling Officer

_____ *Date*

SECTION 3: REGISTRATION/COMPLETION OF PHYSIOTHERAPY COMPETENCY EXAMINATION (to be completed by CAPR)

Records indicate the following about the candidate's Physiotherapy Competency Examination status:

Written Component	Date	Clinical Component	Date
Successfully completed		English <input type="checkbox"/> French <input type="checkbox"/>	Successfully completed English <input type="checkbox"/> French <input type="checkbox"/>
Results pending for		Results pending for	
Registered and paid for		Registered and paid for	
Previous unsuccessful		Previous unsuccessful	

As per Erin Gollaher, Client Service Coordinator - Examinations

_____ *Date*