



Section 1: Consent for Release of Information

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 73rd Avenue, Vancouver, BC V6P 6G5

(Signature of Applicant)

(Date)

Section 2: Report on Employment History

This section is to be **completed by the regulatory authority** and **returned directly to CPTBC** by email or post. Forms sent by applicants will not be accepted.

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 (pick 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: _____

Name of Signatory and Title _____

Signature _____ Date of Issue _____

This information is valid 3 months from the date issued.