



Section 1: Consent for Release of Information

This section is to be completed **by the applicant** and sent to the regulatory authority.

Applicant's full name _____ Applicant's registration number _____

Applicant's date of birth _____

I authorize the regulatory authority below to provide the information in Section 2 requested by the College of Physical Therapists of British Columbia (the College). I understand and accept this means the regulatory authority will provide full disclosure of any and all information requested in addition to information determined by the College to be relevant to my application for registration as a physical therapist in British Columbia.

Name of Profession _____

Applicant's Signature _____ Date of Signing (mm/dd/yyyy) _____

Section 2: Report on Regulatory 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.

_____ records include the following information concerning
(name regulatory authority)

_____, and _____
(name of registrant) (registration number)

1. Dates of registration (initial date and expiry date) and the current registration status/license type held.

2. Is the Applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction? An inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes ___ No ___

If yes, provide details including whether there are current terms, conditions or restrictions on the applicant's license because of the inquiry or proceeding. _____

3. Was the Applicant **previously** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction which resulted in actions against the applicant. An inquiry or proceeding can include, but is not limited to, a matter before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal?

Yes ___ No ___

If yes, after the inquiry or proceeding what was the outcome? _____

What is the status of the outcome, e.g., concluded, outstanding? _____

4. Describe any reported criminal charges and/or convictions, as well as any other outstanding charges against the Applicant.

Name of Signatory and Title _____

Name of Regulatory Authority _____

Signatory's Phone Number and email Address _____

Signature _____ Date of Issue (mm/dd/yyyy) _____

This information is valid 3 months from the date issued.