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Email : registration@cptbc.org • Website : cptbc.org

SECTION 1: Consent for Release of Information

To be filled by the registrant and sent to the College of Physical Therapists of British Columbia (CPTBC) for completion.

I, _____ authorize the CPTBC to provide the information in Section 2 below to:

Name of Requesting Authority _____

Mailing Address or Email Address _____

I understand and accept this means CPTBC will provide full disclosure of any and all information to be relevant to my application for registration as a physical therapist with the above-named authority.

Registrant's Full Name

Date of Birth (mm/dd/yyyy)

CPTBC Registration Number

Registrant's Signature

Date Signed (mm/dd/yyyy)

SECTION 2: Report on Regulatory History

To be completed by CPTBC and sent directly to the requesting authority named above.

Records Include the Following Information Concerning the Registrant Named Below

Name of Registrant _____

Registration Number _____

Current Registration

Initial Date of Current Registration _____

Expiry Date of Current Registration _____

Current Registration Status _____

Registration Type _____

Registration History

Registered from _____ to _____ Registration Type _____

Registered from _____ to _____ Registration Type _____

Registered from _____ to _____ Registration Type _____

Entry-to-Practice Clinical Assessment (Applicable to Canadian Physical Therapy Regulatory Organizations)

If the registrant completed an entry-to-practice clinical assessment after March 24, 2020 to become fully registered in BC, which assessment did they complete?

<input type="checkbox"/> PCE virtual clinical examination	<input type="checkbox"/> Alternate Clinical Evaluation BC (ACEBC)	<input type="checkbox"/> Not applicable
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Date:	Date:	
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Current Inquiry

Details of **current** involvement in an inquiry or proceeding regarding their practice, conduct, competence, incapacity, or professionalism as a physical therapist in British Columbia. 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.

This individual is not currently involved in an inquiry or proceeding

This individual is currently involved in an inquiry or proceeding and the details are as follows (e.g., current terms, conditions or restrictions on registration because of the inquiry or proceeding):

Previous Inquiry

Details of **previous** involvement in an inquiry or proceeding regarding their practice, conduct, competence, incapacity, or professionalism as a physical therapist which resulted in actions. 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.

The individual was not previously involved in an inquiry or proceeding

This individual was previously involved in an inquiry or proceeding. At the conclusion the outcome was the following: _____

The current status of the outcome is (e.g., concluded, outstanding): _____

Reported Criminal Charges and/or Convictions

Details of reported criminal charges and/or convictions, as well as any other outstanding charges against this individual: _____

Signatory Information

Name of Signatory and Title	
Signatory's Phone Number	
Signatory's Email Address	

Signature

_____	_____
Signature	Date (mm/dd/yyyy)

This information is valid 3 months from the date issued.