



**CPTBC**

College of Physical Therapists  
of British Columbia

# Bylaws

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## Definitions

1. In these bylaws,

**“Act”** means the *Health Professions Act* (BC);

**“advertisement”** means a notice or announcement used for advertising;

**“advertising”** means the use of space or time in a medium or the use of a commercial publication such as a brochure or handbill to communicate with the public or a segment thereof for promoting professional services or enhancing the image of the advertiser;

**“annual self-report”** means a report consisting of questions to identify potential risks and supports to competence and a case-based test on regulatory knowledge relevant to physical therapy practice;

**“appointed board member”** means a person appointed to the board under section 17(3)(b) of the *Act*;

**“assessment of professional performance”** means the assessment of a registrant’s professional practice, using methods approved by the board, by an assessor appointed by the quality assurance committee;

**“board”** means the board of the college;

**“board member”** means an appointed board member or an elected board member;

**“chair”** means the chair of the board elected under section 12;

**“Code of Ethical Conduct”** means the Code of Ethical Conduct set out in Schedule E;

**“college”** means the College of Physical Therapists of British Columbia established by regulation;

**“deliver”** with reference to a notice or other document includes mail to or leave with a person, deposit in a person’s mailbox or receptacle at the person’s residence or place of business, or transmit by email or other electronic means to the most recent electronic address provided to the college by a registrant for the purposes of delivery;

**“elected board member”** means a person elected to the board elected under section 17(3)(a) of the *Act*;

**“examination”** means a theoretical examination given orally or in writing, a practical examination, or any combination of these and includes a supplemental examination;

**“general supervision”** means that a supervised person is acting subject to the review of a full registrant;

**“good character”** for registration means that the applicant is a person of honesty and integrity and possesses the attributes that are consistent with public protection, public confidence in the profession, and the ability to practise in accordance with the standards expected of the profession;

**“in good standing”** means that a registrant’s registration as a registrant of the college is not suspended, cancelled, or otherwise restricted or limited under the Act;

**“jurisprudence examination”** means the provincial regulatory knowledge examination approved by the board;

**“marketing”** includes

- (a) advertising and advertisements;
- (b) a publication or communication in any medium with any patient, prospective patient, or the public generally, an advertisement, promotional activity or material, a listing in a directory, a public appearance, or any other means by which professional services are promoted; and
- (c) any contact with a prospective patient initiated by or under the direction of a registrant;

**“patient”** means a client or consumer who is a recipient of physical therapy services;

**“personal information”** means personal information as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

**“practice hours”** means paid and professional activity hours spent in physical therapy practice or other activities resulting from possessing physiotherapy or physical therapy credentials and experience and which may include clinical practice, research, administration, teaching or academic positions, and consulting;

**“public representative”** means a person who can represent the public interest and includes an appointed board member;

**“registrant”** means a person who is granted registration in a class established under section 41;

**“registrant competence assessment”** means an online case-based examination approved by the board;

**“registrant practice support”** means a remediation component of the quality assurance program;

**“regulation”** means the *Physical Therapists Regulation*, BC Reg. 288/2008;

**“special resolution”** means a resolution which requires the support of three-quarters of those persons present and eligible to vote at a meeting;

**“tele practice”** means the continuation of physical therapy services commenced in another jurisdiction and continued in British Columbia using digital or electronic means where services are otherwise not available;

**“vice-chair”** means the vice-chair of the board elected under section 12.

## **PART 1: COLLEGE BOARD, COMMITTEES, AND PANELS**

### **Board Composition**

2. The board consists of six (6) elected board members and the appointed board members.

### **Eligibility for Election**

3. (1) Subject to subsections (2) and (3), only full registrants in good standing and who reside in British Columbia are eligible for election to the board.
- (2) A registrant is not eligible to be elected in a board election if the registrant is employed by the college or was formerly employed by the college at any time in the eleven (11) months preceding the election.
- (3) A registrant is not eligible to be elected in a board election if the registrant is or was at any time in the eleven (11) months preceding the election a director or officer of a physical therapy professional association or a trade union that bargains on behalf of or otherwise represents physical therapists.
- (4) An elected board member who has held office for a consecutive period of nine (9) years is not eligible to be elected in an election for at least one (1) year following the completion of the elected board member's third consecutive term of office.

### **Voting Registrants**

4. Only full registrants in good standing may vote in an election of board members.

### **Notice of Election**

5. (1) At least ninety (90) days prior to the expiration of a term of office of an elected registrant, the registrar must deliver a notice of election to every registrant who is entitled to vote.
- (2) Accidental omissions in the delivery of a notice or non-receipt of a notice by a person entitled to receive notice by the college does not invalidate an election.

### **Nomination Procedure**

6. (1) A voter may nominate a maximum of two (2) registrants for each vacant board position by delivering a nomination using Form 1 to the registrar, together with a letter of consent from the nominated candidate, at least sixty (60) days before the expiry of the applicable term of office.
- (2) The letter of consent found in Form 2 from the nominated candidate must include a declaration that they will comply with the *Act*, the regulation, these bylaws, and any procedures related to the conduct of the election.
- (3) The registrar must disqualify any nominated candidate who is not eligible for nomination or election and provide written reasons to the nominated candidate and the board for the disqualification.
- (4) If the number of nominated candidates is less than or equal to the number of positions to be elected at the close of nominations, the registrar must declare the nominated candidates to be acclaimed and must so notify all registrants.

- (5) If the number of nominated candidates is greater than the number of positions to be elected at the close of nominations, the registrar must conduct an election in accordance with these bylaws.

### **Election Procedure**

7. (1) The registrar must supervise and administer all board elections and may establish procedures for that purpose and which are consistent with these bylaws and may include secure, confidential electronic voting procedures.
- (2) At least thirty (30) days prior to the election, the registrar must deliver to each registrant who is eligible to vote
  - (a) an election ballot,
  - (b) notice of the time and date by which the ballot must be received by the college, and
  - (c) the procedure for completing and delivering the ballot.
- (3) Each registrant eligible to vote is entitled to one election ballot and may vote in favour of one candidate for each board member position that is currently or will soon be vacant.
- (4) A vote must not be counted unless cast using the procedure for completing and delivering a ballot specified in the notice under subsection (2).
- (5) The registrar may extend the deadline for election or casting of ballots for such period as the registrar considers necessary if there is an interruption of electronic service during the election.

### **Election**

8. (1) The candidate who receives the most votes on the return of the ballots is elected.
- (2) If there is more than one vacancy, candidates are elected according to the number of votes they received.
- (3) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (4) The registrar must determine any dispute or irregularity with respect to any nomination, ballot, or election.
- (5) The registrar must use Form 3 to certify newly elected board members pursuant to section 17.1(1) of the *Act*.

### **Terms of Office**

9. (1) The term of office for an elected board member is three (3) years commencing on the date of the first board meeting following that board member's election.
- (2) An elected board member may serve a maximum of three (3) consecutive terms.

### **Removal of Elected Board Member**

10. An elected board member ceases to hold office if they
  - (a) cease to be a registrant eligible for election to the board;
  - (b) deliver a written notice of resignation to the registrar;
  - (c) becomes an employee of the college;



- (d) are removed by a special resolution of the board;
- (a) cease to be a resident of British Columbia; or
- (b) are absent from three (3) or more board meetings for reasons which the board finds unacceptable.

### **Vacancy**

- 11. (1) If an elected board member ceases to hold office before the end of their term, the remaining board members may appoint, as the member's replacement, any registrant eligible for election under section 3 for the remainder of the term of that position.
- (2) Despite a vacancy, the remaining board may perform all duties and exercise all powers of the board under the *Act* and these bylaws.

### **Chair, Vice-Chair, and Acting Chair**

- 12. (1) At the first meeting of the board following an election, the board members must elect a chair and a vice-chair by a majority vote for a one (1) year term.
- (2) The chair must
  - (a) preside at general and board meetings,
  - (b) sign all certificates and other instruments executed on behalf of the college as required,
  - (c) ensure the signing and filing of minutes of each board meeting after they are approved by the board, and
  - (d) act generally in accordance with the requirements of their office for the proper carrying out of the duties of the board.
- (3) The vice-chair must perform the duties of the chair in the absence of the chair.
- (4) In the absence of both the chair and the vice-chair, an acting chair for the board meeting must be elected by a majority vote of the board members present.

### **Board Meetings**

- 13. (1) The board must meet at least four (4) times in each fiscal year and must provide reasonable notice of board meetings to board members, registrants, and the public.
- (2) The accidental omission to deliver notice of a board meeting to or the non-receipt of a notice by any person entitled to receive notice under subsection (1) does not invalidate the proceedings of that meeting.
- (3) Board meetings must be called by the registrar at the request of either the chair or any three (3) board members.
- (4) Despite subsection (1), the registrar or the chair may call a meeting of the board without providing notice to the registrants and public where necessary to conduct urgent business.
- (5) Meetings of the board must be open to registrants and to the public.
- (6) Details of the time and place of board meetings must be accessible to the public on the college website.
- (7) The registrar must provide the following electronically to members of the public upon request:

- (a) a copy of the agenda for a board meeting, and
  - (b) a copy of the minutes of any previous board meeting.
- (8) Despite subsection (5), the board may exclude any person from all or any part of a meeting if it is satisfied that one or more of the following matters will be discussed:
- (a) regulatory, financial, personal, or other matters that are of such a nature that the interest of any affected person or the public interest in avoiding disclosure of these matters outweighs the public interest in board meetings being open to the public;
  - (b) information concerning an application by any individual for registration, reinstatement, or renewal under section 20 of the *Act*, the disclosure of which would be an unreasonable invasion of the applicant's personal privacy;
  - (c) information concerning a complaint against or an investigation of any individual under Part 3 of the *Act*, the disclosure of which would be an unreasonable invasion of the individual's personal privacy;
  - (d) information that if disclosed may prejudice the interests of any person involved in
    - (i) a proceeding under the *Act*, including disciplinary proceedings under Part 3 of the *Act* or a review under Part 4.2 of the *Act*, or
    - (ii) any other criminal, civil, or administrative proceeding;
  - (e) personnel matters;
  - (f) property acquisitions or disposals;
  - (g) the content of examinations;
  - (h) communications with the Office of the Ombudsperson;
  - (i) instructions to or opinions from legal counsel or any other matter that is subject to solicitor-client privilege;
  - (j) information that the college would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of the *Freedom of Information and Protection of Privacy Act*; or
  - (k) information that the college is otherwise required by law to keep confidential.
- (9) If the board excludes any person from a part of a meeting, it must record its reasons for doing so in the minutes.
- (10) The registrar must ensure that minutes are taken at each meeting and retained.
- (11) A majority of the board constitutes a quorum.
- (12) The board may meet and conduct business by electronic or similar means.
- (13) Subject to the *Act* and these bylaws, all board meetings are to be governed by the most recent edition of *Robert's Rules of Order*.

### **Committees**

14. (1) The following committees are established:
- (a) registration committee,
  - (b) inquiry committee,

- (c) discipline committee, and
- (d) quality assurance committee.
- (2) The committee membership shall be approved by the board.
- (3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.
- (4) Committees may meet and conduct business digitally or in person.
- (5) A person appointed to any committee
  - (a) must serve a term not exceeding three (3) years; and
  - (b) is eligible for reappointment to a maximum of three (3) consecutive terms.
- (6) A person can be appointed to only one of the following committees at a time: inquiry committee, discipline committee, and quality assurance committee.
- (7) A committee member other than an ex officio member may be removed by a majority vote of the board.
- (8) A committee member may resign from the committee by providing written notice of resignation to the registrar.
- (9) Each committee must submit a report of its activities to the board annually.
- (10) The chair of the board and the registrar are ex officio, non-voting members of every committee.
- (11) A majority of committee members constitutes a quorum.
- (12) Subject to the *Act* and these bylaws, all committee meetings are to be governed by the most recent edition of *Robert's Rules of Order*.
- (13) The board may from time to time establish special committees, advisory groups, or a task force, the membership and purpose of which are determined by the board.

### **Registration Committee**

- 15. (1) The registration committee is established consisting of
  - (a) at least three (3) persons appointed by the board including at least one-third public representatives; and
  - (b) ex officio members.
- (2) The registration committee is responsible for carrying out the duties prescribed to it under section 20 of the *Act*.

### **Inquiry Committee**

- 16. (1) The inquiry committee is established consisting of
  - (a) at least six (6) persons appointed by the board including at least one-third public representatives; and
  - (b) ex officio members.
- (2) The inquiry committee is responsible for carrying out the duties prescribed to it under Part 3 of the *Act*.

### **Discipline Committee**

17. (1) The discipline committee is established consisting of
  - (a) at least six (6) persons appointed by the board including at least one-third public representatives; and
  - (b) ex officio members.
- (2) The discipline committee is responsible for carrying out the duties prescribed to it under sections 38 and 39.1 of the *Act*.

### **Quality Assurance Committee**

18. (1) The quality assurance committee is established consisting of
  - (a) at least three (3) persons appointed by the board including at least one-third public representatives; and
  - (b) ex officio members.
- (2) The quality assurance committee is responsible for carrying out the duties prescribed to it under section 26 of the *Act*.

### **Committee Panels**

19. (1) The registration committee, the inquiry committee, the discipline committee, and the quality assurance committee may meet in panels of three (3) members and which must include one (1) public representative.
- (2) Ex officio members must not be appointed to panels.
- (3) The chair of a committee must appoint the members of a panel and designate a panel chair.
- (4) A panel may exercise any power, duty, or function of that committee.

### **Meetings of a Committee or Panel**

20. (1) A majority of members of the committee constitutes a quorum.
- (2) All members of a panel constitute a quorum for a meeting of the panel.

### **Remuneration of Board and Committee Members**

21. An elected or public board or committee member is entitled to be remunerated for time spent on business of the college and expenses in accordance with an honorarium determined by the board.

## **PART 2: COLLEGE ADMINISTRATION**

### **Seal**

22. (1) A seal for the college must be approved by the board.
- (2) The seal of the college must be affixed by those persons designated by the board to certificates of registration and such other documents as the board may direct by resolution.

## **Registrar**

23. (1) In addition to the registrar's powers and duties under the *Act*, the registrar is the chief executive officer of the college responsible to the board for all administrative, human resources, and operational matters of the college.
- (2) The registrar is authorized to establish forms for the purposes of these bylaws and to require the use of such forms by registrants.

## **Deputy Registrar(s)**

24. (1) The board may appoint a person(s) to act as deputy registrar.
- (2) If a deputy registrar is appointed by the board, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar subject to the direction of the registrar.
- (3) If the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties of the registrar and exercise all powers of the registrar.
- (4) The deputy registrar reports to and performs other duties as assigned by the registrar.
- (5) The deputy registrar has the same authority as the registrar when she or he is acting on behalf of the registrar.

## **Fiscal Year**

25. The fiscal year of the college commences on the first day of June and ends on the last day of May of the following year.

## **Banking**

26. The board or at its discretion the registrar may establish and maintain such accounts with a chartered bank, trust company, or credit union as the board determines necessary.

## **Budgets**

27. The board
  - (a) must each year approve an operating and capital budget for the following fiscal year;
  - (b) must periodically review the interim operating statements, balance sheets, summary of variance, and forecasted excess or deficiency of revenue over expense for the current fiscal year;
  - (c) may amend the approved budget; and
  - (d) may establish criteria for disbursements to be made by the registrar from a contingency reserve fund.

## **Payment and Commitments**

28. The registrar may
  - (a) authorize the payment of any item approved within the budget without further approval from the board, and
  - (b) authorize the payment of any item exceeding the approved budget without further approval from the board if the registrar reports to the

board at the earliest opportunity or not later than the next meeting of the board the amount by which the payments are forecasted to exceed the budgeted amount.

### **Borrowing Powers**

29. The board may raise money or guarantee or secure payment of money in the name of the college in any manner determined by the board to carry out the purposes of the college.

### **Investments**

30. Subject to sections 15.1 and 15.2 of the *Trustee Act* (BC), the board or at its discretion the registrar may in the name of the college
- (a) invest funds of the college in any investments, and
  - (b) change those investments.

### **Auditor**

31. (1) The board must each year appoint a chartered professional accountant to be the auditor.
- (2) The registrar must submit the financial statements to the auditor within sixty (60) days of the end of the fiscal year.
- (3) The audited financial statements must be included in the annual report.

### **Legal Counsel**

32. The board or the registrar may retain legal counsel for the purpose of assisting the board, the registrar, a committee, or a panel in carrying out any power or duty under the *Act*, the regulation, or these bylaws.

### **General Meetings**

33. (1) A general meeting, digital or in person, of the registrants is held annually at a time and place chosen by the board.
- (2) The matters to be considered at such a meeting shall be determined by the board and may include but are not limited to
- (a) educational topics;
  - (b) opportunities for registrants or the public to provide feedback;
  - (c) discussion of emerging issues; and/or
  - (d) matters of the board such as financial reports, strategic plans, and annual reports.

### **Notice of General Meetings**

34. (1) The board must deliver notice of the time, place, and date of a general meeting at least thirty (30) days prior to the meeting.
- (2) The accidental omission to deliver notice of a general meeting to or the non-receipt of a notice by any person entitled to receive notice under subsection (1) does not invalidate the proceedings of that meeting.

## **Notice to Public Representatives**

35. Every notice provided generally to registrants must also be provided to all public representatives serving on the board or a committee.

## **PART 3: COLLEGE RECORDS**

### **Person Responsible under the Freedom of Information and Protection of Privacy Act**

36. (1) The registrar is the head of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize a deputy registrar, a person employed by the college, or a person who has been contracted to perform services for the college to perform any duty or exercise any functions of the registrar that arise under the *Freedom of Information and Protection of Privacy Act*.
- (3) The board is responsible for ensuring that the registrar fulfills the college's duties under the *Freedom of Information and Protection of Privacy Act*.
- (4) The registrar must report annually to the board regarding the steps the college has taken to fulfill its duties under the *Freedom of Information and Protection of Privacy Act*.

### **Protection of Personal Information**

37. (1) The board must take all reasonable measures to ensure that the collection, use, storage, and disclosure of personal information complies with the *Freedom of Information and Protection of Privacy Act*.
- (2) The board must take reasonable measures to ensure that if personal information is sent to any person or service organization for processing, storage, or destruction, a contract is made with that person or organization and which includes a term requiring the person or organization to maintain the confidentiality of the personal information.

### **Disclosure of Annual Report**

38. The registrar must make the annual report available electronically on the college website and advise registrants that it is available.

### **Disclosure of Registration Status**

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required under section 21(2) of the *Act*, the following:
- (a) the details of an order issued against the person under sections 35, 39, or 39.1 of the *Act*;
- (b) the details of a consent order provided by the person under section 37.1 of the *Act*; and
- (c) the details of an undertaking and consent order under section 36 of the *Act* in relation to a serious matter as defined in section 26 of the *Act*.

- (2) The registrar must not disclose information under subsection (1) and which would disclose the identity of a complainant, patient, or another person, other than the registrant, affected by the matter, without the consent of such persons.

### **Manner of Disposal of College Records Containing Personal Information**

40. The board must ensure that a college record containing personal information is disposed of only by
  - (a) effectively destroying a physical record by using a shredder or by burning completely,
  - (b) erasing information recorded or stored by electronic methods in a manner that ensures that the information cannot be reconstructed,
  - (c) returning the record to the person the information pertains to, or
  - (d) returning the record to the registrant who compiled the information.

## **PART 4: REGISTRATION**

### **Classes of Registration**

41. The following classes of registrants are established:
  - (a) full registration,
  - (b) interim registration
  - (c) student registration, and
  - (d) temporary registration.

### **Application for Registration**

42. An applicant for registration in any registrant class, other than the interim registration category, must deliver the following to the registrar:
  - (a) a completed registration application, applicable to the class of registration applied for, in Form 4;
  - (b) evidence satisfactory to the registration committee of the good character of the applicant consistent with the responsibilities and standards required of a registrant;
  - (c) an authorization for an initial criminal record check and re-checks as required by the *Criminal Records Review Act* (BC);
  - (d) the registration application fee set out in Schedule B;
  - (e) any other outstanding fee, fine, levy, or debt owed to the college;
  - (f) a notarized copy of their degree or other evidence satisfactory to the registration committee of the completion of educational requirements; and
  - (g) evidence of liability insurance in accordance with section 84.

### **Full Registration**

43. (1) The requirements for full registration are the following:
  - (a) graduation from an entry-level academic program set out in Schedule A or an academic program otherwise considered to be substantially



- equivalent by the registration committee;
  - (b) successful completion of the Physiotherapy Competency Examination or other entry-level assessment set out in Schedule “D”.
  - (c) successful completion of the jurisprudence examination set out in Schedule D;
  - (d) payment of fees as set out in Schedule B;
  - (e) successful completion of an English-language proficiency examination acceptable to the registration committee if the applicant did not complete their physical therapy education in English; and
  - (f) evidence satisfactory to the registration committee that the applicant has completed 1200 practice hours in the five (5) year period preceding the date of the application unless the applicant has completed an entry-level examination set out in Schedule D within five (5) years prior to the date of the application.
- (2) Despite subsection (1), an applicant who is authorized to practise physical therapy in another Canadian jurisdiction may be granted full registration by the registration committee if the applicant does the following:
  - (a) satisfies the registration committee that she or he is currently authorized to practise physical therapy in that other Canadian jurisdiction as the equivalent of a full registrant under these bylaws;
  - (b) has successfully completed the jurisprudence examination set out in Schedule D;
  - (c) provides the necessary application materials set out in s. 42); and
  - (d) provides a completed and signed regulatory history using Form 5 within ninety (90) calendar days of the date of the application and from each applicable regulatory or licensing authority in every jurisdiction where the applicant is or was at any time registered or licensed for the practice of physical therapy within the preceding ten (10) years.
- (3) Despite subsection (1), an applicant who is authorized to practise physical therapy in another Canadian jurisdiction may be granted full registration by the registration committee for the purpose of tele-practice if the applicant does the following:
  - (a) satisfies the registration committee that she or he is currently authorized to practise physical therapy in that other jurisdiction as the equivalent of a full registrant under these bylaws;
  - (b) has met any quality assurance or continuing competence requirements in the other jurisdiction;
  - (c) provides the necessary application materials set out in s. 42; and
  - (d) provides a completed and signed regulatory history using Form 5 within ninety (90) calendar days of the date of the application and from each applicable regulatory or licensing authority in every jurisdiction where the applicant is or was at any time registered or licensed for the practice of physical therapy within the preceding ten (10) years.
- (4) Despite subsection (1), an applicant who can provide evidence that they were fully registered and practising in a Canadian province as a physical therapist

prior to December 31, 1993 may be granted full registration by the registration committee if they provide:

- (a) evidence satisfactory to the registration committee that the applicant has completed 1200 practice hours in the five (5) year period preceding the date of the application
- (b) the necessary application materials set out in s. 42; and
- (c) complete the jurisprudence examination set out in Schedule D

## Interim Registration

44. (1) Until October 31, 2023, a person who does not meet the requirements for full registration in section 43(1) may apply for interim registration.
- (2) The category of interim registration will cease to exist effective April 1, 2024.
- (3) Subject to ss. (1) and (2), a person may be registered as an interim registrant for a maximum of 15 months and is entitled to use the title interim physical therapist, interim physiotherapist or registered interim physiotherapist or registered interim physical therapist if the person
  - (a) has satisfied the registration committee that they are eligible to complete the examination approved by the board in accordance with Schedule D and are registered for the next available examination, or
  - (b) is ineligible to complete the examination and they are enrolled in a program to complete the educational requirements specified by the registration committee and
  - (c) satisfies the registration committee of their good character consistent with the responsibilities of a registrant and the standards expected of a registrant and
  - (d) satisfies the registration committee that their practice as an interim physical therapist is without any risk to public health and safety and
  - (e) delivers to the registrar:
    - (i) proof of membership in good standing in the jurisdiction in which they have last worked or in the case of a new graduate proof of eligibility for registration as a physical therapist in the jurisdiction in which the applicant was educated,
    - (ii) a signed application for registration, together with the application fee,
    - (iii) a notarized copy, or other evidence

satisfactory to the registration committee, of their experience and education and evidence satisfactory to the registration committee that he is the person named therein,

- (iv) a solemn declaration as required by the board,
  - (v) the fee for registration set out in Schedule B,
  - (vi) a completed criminal record check authorization form and
  - (vii) such other additional information as in the opinion of the committee is required to make a determination regarding the candidate's eligibility for membership.
- (4) Subject to ss. (1) and (2), the registration committee may grant interim registration to a person who qualifies under section 44(3)(a) for a period not exceeding 15 months or until seven days following the date which the registration committee is notified of the registrant's failure of the examination, whichever is sooner.
- (5) Subject to ss. (1) and (2), the registration committee may grant interim registration to a person who qualifies under 44(3)(b) for a period not exceeding 15 months.
- (6) An interim registrant may only perform the services of a physical therapist if they are performed under the general supervision of a physical therapist approved by the registration committee and upon such terms and conditions as the registration committee deems fit.
- (7) An interim registrant may not own or operate a physical therapy practice.
- (8) An interim registrant may not supervise other full, interim or limited registrants of the college.
- (9) An interim registrant must not serve on the board or a committee or vote.

### **Student Registration**

45. (1) The requirements for student registration are
  - (a) enrollment as a student in a physical therapy educational program set out in Schedule A; or
  - (b) enrollment as a student in an academic program recognized by the World Confederation for Physical Therapy (WCPT).
- (2) A student must be granted student registration before undertaking a period of clinical education involving direct patient care.
- (3) A student registrant may provide physical therapy services only under the general supervision of a full registrant in good standing.

### **Temporary Registration**

46. (1) The registration committee may grant temporary registration to an applicant who is registered or licensed to practise physical therapy by a regulatory authority in another jurisdiction acceptable to the registration committee, for education purposes, emergency services or a purpose to be approved by the registrar.
- (2) The permit expires 30 days after the date of initial registration, on the date on which the purpose is attained or when the member is no longer engaged in attaining that purpose, whichever is the earliest.
- (3) A temporary registrant is not eligible to serve on the board or a committee.

### **Reinstatement of Former Registrants**

47. (1) A former full registrant whose registration is not suspended or cancelled under the *Act* and who has been out of practice for five (5) years or less may be reinstated to full registration if they meet the requirements in section 42 and:
  - (a) provide evidence satisfactory to the registration committee that they have completed at least 1200 practice hours as a registered physical therapist in the five (5) year period, or a pro-rated number of practice hours based if registered for less than five (5) years, preceding the date of application for reinstatement; and
  - (b) have successfully completed examinations required by the registration committee in the five (5) year period immediately preceding the date of application for reinstatement.
- (2) A former registrant whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than five (5) years may be reinstated to full registration if they do the following:
  - (a) meet the requirements in section 42; and
  - (b) successfully complete any examinations, re-entry program, or competence assessment directed by the registration committee.

## **Reinstatement following Disciplinary Action**

48. A former registrant whose previous registration was cancelled under Part 3 of the *Act* and who is eligible for reinstatement of registration may be reinstated if they do the following:
- (a) meet the requirements for registration under sections 42 and 43,
  - (b) satisfy the registration committee that their registration will not pose an undue risk to public health or safety, and
  - (c) satisfy the registration committee that their registration will not otherwise be contrary to the public interest.

## **Registration Renewal**

49. (1) A registrant seeking renewal of their registration must deliver the following to the registrar:
- (a) a registration renewal application using Form 6;
  - (b) payment of the registration renewal fee set out in Schedule B;
  - (c) payment of any other outstanding fee, fine, levy, or debt owed to the college;
  - (d) evidence satisfactory to the registration committee of
    - (i) completion of all applicable requirements of the quality assurance program under Part 5, and
    - (ii) completion of 1200 practice hours of physical therapy in the five (5) year period immediately preceding the date of the renewal; and
  - (e) evidence of liability insurance in accordance with section 82.
- (2) A registrant seeking renewal of registration under this section must ensure that the documents and monies required under subsection (1) are received by the registrar on or before the end of business day on May 31 or the last business day prior to May 31 if the deadline falls on a non-business day.
- (3) A registrant whose registration is not renewed under this section on or before the end of business day on May 31 or the last business day prior to May 31 if the deadline falls on a non-business day ceases to be registered on June 1.

## **Reinstatement within Two Months of Failure to Renew**

50. (1) A former registrant who fails to renew by May 31 or the last business day prior to May 31, may apply for reinstatement no later than July 31 or the last business day prior to July 31 if the deadline falls on a non-business day of the same year if they meet the requirements of section 42 and the following:
- (a) were in good standing at the date of the expiration of their former registration; and
  - (b) in the case of a former full registrant, provides evidence satisfactory to

- the registration committee of
- (i) completion of all applicable requirements of the quality assurance program under Part 5 as though the former registrant's previous registration had not expired under section 49, and
  - (ii) completion of 1200 practice hours of physical therapy in the five (5) year period immediately preceding the date of application for reinstatement.
- (c) pay the reinstatement fee set out in Schedule B.

### **Notification of Change of Registration Information**

51. A registrant must update their registrant profile with the college, including but not limited to any change of home and/or business address, name, home and/or business telephone number and/or email address, and any other registration information previously provided to the registrar, within five (5) business days of the change.

### **Use of Titles**

52. (1) A person who is granted full, interim, or temporary registration may use the titles reserved for exclusive use by registrants under the regulation, as well as the terms "registered" or an abbreviation of one of the terms.
- (2) A person may be registered as a student and is entitled to use the title "student physical therapist" or "student physiotherapist."
- (3) A registrant may be registered on a register of specialists and is entitled to use the title "specialist" if that person meets the criteria established by the board for this purpose.

## **PART 5: QUALITY ASSURANCE**

### **Requirements for Full Registrants**

53. Full registrants must meet all requirements of the quality assurance program as recommended by the quality assurance committee to and approved by the board.

### **Components of the Quality Assurance Program**

54. The components of the quality assurance program are
- (a) an annual self-report,
  - (b) a registrant competence assessment,
  - (c) an assessment of professional performance, and
  - (d) registrant practice support.

### **Requirements of the Annual Self-Report**

55. (1) Full registrants must complete the annual self-report each year.
- (2) Despite subsection (1), full registrants are exempt from the requirement to complete the annual self-report in the year that they are required to complete the registrant competence assessment.

## **Requirements of the Registrant Competence Assessment**

56. (1) Full registrants must complete the registrant competence assessment once in every six (6) year cycle.
- (2) Full registrants who fail to complete the registrant competence assessment within the six (6) year cycle have failed to comply with the requirements of the quality assurance program.

## **Assessment of Professional Performance**

57. (1) Full registrants who fail to successfully complete the registrant competence assessment must undergo an assessment of professional performance in accordance with the guidelines established by the quality assurance committee.
- (2) During an assessment of professional performance, the quality assurance committee or an assessor(s) appointed by it may do one or more of the following:
  - (a) observe the professional performance of a registrant; and/or
  - (b) assess the registrant using other methods, which may include but are not limited to
    - (i) reviewing specific or randomly selected clinical and billing records related to professional performance,
    - (ii)
    - (iii) interviewing the registrant,
    - (iv) requiring the registrant to complete a case presentation or written report on a topic related to professional performance, and
    - (v) collecting information in any form from the registrant.
- (3) An assessor must not observe a registrant while the registrant is providing a service to a patient unless
  - (a) the consent of the patient being treated has been obtained in advance, or
  - (b) the service is being provided in a public setting.
- (4) A registrant who is required to participate in an assessment of professional performance must co-operate fully with the quality assurance committee and its assessor.

## **Practice Support**

58. Where an assessment of professional performance identifies deficiencies in a registrant's practice, they will receive recommendations from the quality assurance committee to complete further education, training, and/or other remediation to address the deficiencies.

## **PART 6: INSPECTIONS, INQUIRIES, AND DISCIPLINE**

### **Inspections**

59. (1) A registrant or former registrant has a duty to co-operate with an investigation by the inquiry committee.



- (2) A registrant or former registrant must, as soon as practicable, make available his or her records to the registrar or an inspector on request.
- (3) The inquiry committee may require a registrant or former registrant to attend for an interview by the inquiry committee, a panel of the inquiry committee, the registrar or an inspector.
- (4) An inspector must not observe a registrant while the registrant is providing a service to a patient unless
  - (a) the consent of the patient being treated has been obtained in advance, or
  - (b) the service is being provided in a public setting.

### **Registrar Authority**

60. The registrar is authorized to act under section 32(3) of the *Act*.

### **Complaints**

61. Before agreeing to accept an undertaking or consent under section 36 or 37.1 of the *Act*, the inquiry committee may review all previous complaints and disciplinary matters involving the registrant or former registrant.

### **Mediation**

62. (1) The inquiry committee may direct mediation under section 33(6)(b) of the *Act* where
- (a) the committee determines that based on the nature of the complaint, mediation may be appropriate; and
  - (b) the complainant and the registrant or former registrant agree to mediation.
- (2) If the inquiry committee directs mediation, it must appoint a mediator acceptable to both parties to conduct a confidential mediation.
- (3) (a) The mediator must conduct the mediation process in accordance with the terms of a written mediation agreement established by the inquiry committee and executed by the complainant and the registrant.
- (b) If an agreement between the parties is reached through mediation, the terms of the agreement must be approved by the inquiry committee to become effective.
- (4) If an agreement is approved by the inquiry committee under subsection (3), the inquiry committee must retain a copy of the agreement on file.
- (5) If an agreement is not reached through mediation, or if the terms of an agreement are not approved by the inquiry committee, the inquiry committee must make an alternate disposition under section 33(6) of the *Act*.
- (6) The inquiry committee may require the registrant to meet with the inquiry committee or a panel of the inquiry committee if it is of the view that such a meeting would be appropriate to resolve the matter between the complainant and the registrant pursuant to section 33(6)(b) of the *Act*.

### **Citations for Discipline**

63. (1) The discipline committee may on its own initiative or at the request of the inquiry committee join in one citation one or more complaints or other matters which are to be the subject of a discipline hearing.
- (2) The discipline committee may on its own initiative or at the request of the inquiry committee sever one or more complaints or other matters which are to be the subject of a discipline hearing.
- (3) The discipline committee may at the request of the inquiry committee amend a citation issued under section 37 of the *Act*.
- (4) The discipline committee may conduct a hearing in relation to citations containing one or more charges directed against one or more registrants at the same time.
- (5) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by regular mail to the respondent at the last known address for the respondent recorded as required under section 21(2) of the *Act*, at least 14 days prior to the date of the hearing.

### **Discipline Committee Hearing**

64. (1) No member of the discipline committee may hear a matter under section 38 of the *Act* in which they
  - (a) were involved as a member of the inquiry committee, or
  - (b) otherwise had any prior involvement.
- (2) Information about the date, time, and subject matter of the hearing must be provided to any person on request.
- (3) A notice requiring a person to attend a hearing under sections 38(6) or 47 of the *Act* must be given using Form 7 and delivered by registered mail or by personal service.
- (4) All discipline hearings must be recorded and any person may obtain at their expense a transcript of any part of the hearing which they were entitled to attend.

### **Notice to Regulatory Bodies**

65. If an order is made against a registrant under section 39(2) of the *Act* and which suspends or cancels the registrant's registration or otherwise imposes limits or conditions on the registrant's practice, the registrar must do the following:
  - (a) notify the body responsible for the regulation of the profession of physical therapy in every other Canadian jurisdiction; and
  - (b) on request, notify bodies responsible for the regulation of the profession of physical therapy outside Canada.

### **Committee Records**

66. (1) Records of the inquiry committee must be retained for not less than fifteen (15) years following the conclusion of an investigation.

- (2) Records of the discipline committee must be retained for not less than fifteen (15) years following the date a decision is issued under section 39 or 39.1 of the *Act*.
- (3) Despite subsections (1) and (2), documents containing decisions and reasons of the inquiry and discipline committees in relation to actions taken under sections 32(3), 32.2, 32.3, 33(6)(c) or (d), 35, 36, 37.1, 38, 39, 39.1, or 44 of the *Act* must be kept on permanent record at the college office.

### **Registrant under Suspension**

67. (1) A registrant whose registration is suspended must for the period of suspension:
  - (a) must not practice physical therapy in British Columbia or hold themselves out as being a registrant;
  - (b) not hold office in the college;
  - (c) not make appointments for patients or prospective patients;
  - (d) not contact or communicate with patients or prospective patients except
    - (i) advise patients or prospective patients of the fact and duration of the suspension, and
    - (ii) advise patients or prospective patients that another registrant will continue to operate in the suspended registrant's place, or to refer patients to another registrant in good standing;
  - (e) remove from their premises and the building in which the premises are located their name and any sign relating to their practice;
  - (f) prominently display a notice of suspension in a form and in an area approved by the registrar and which states the duration and reasons for the suspension;
  - (g) immediately surrender to the registrar their certificate of registration;
  - (h) pay any fee or special assessment required by the college when due; and
  - (i) not manage a clinic
- (2) During the period of suspension, a suspended registrant may permit another registrant in good standing to practise within the suspended registrant's premises provided that the suspended registrant complies with the provisions of subsection (1).
- (3) Any communication under subsection (1)(d) must be in writing in a form approved in advance by the registrar.
- (4) A registrant whose registration is suspended or cancelled is not entitled to a refund of any portion of their fees to register, reinstate, or renew registration.

### **Fines**

68. (1) The maximum amount of a fine that may be ordered by the discipline committee under section 39 of the *Act* is \$100,000.
- (2) A fine is a debt due to the college by the registrant.

## **Costs**

69. (1) The tariff of costs to partially indemnify the college for investigations is set out in Schedule C.
- (2) The tariff of costs to partially indemnify a party for its expenses incurred in the preparation for and conduct of disciplinary hearings under section 38 of the *Act* is set out in Schedule C.

## **Professional Misconduct**

70. Professional misconduct for the purposes of section 33(4)(c) of the *Act* includes but is not limited to the following:
  - (a) being found guilty of an offence that is relevant to the member's suitability to practise;
  - (b) being found guilty by any other regulatory body to have committed an act that would, in the opinion of the disciplinary committee, be an act of professional misconduct as defined in subsections (c) through (m);
  - (c) committing an act of professional negligence;
  - (d) contravening a term, condition, or limitation imposed on the registrant's certificate of registration;
  - (e) contravening a standard of practice, clinical practice statement of the profession, or the Code of Ethical Conduct;
  - (f) practising the profession while the registrant's ability to safely practise is impaired by drugs or alcohol;
  - (g) prescribing, dispensing, or selling drugs;
  - (h) falsifying a record relating to the registrant's practice;
  - (i) failing to provide a patient access to their health care records where required;
  - (j) signing or issuing, in the registrant's professional capacity, a document that the registrant knows contains a false or misleading statement;
  - (k) submitting an account or charge for services that the registrant knows is false or misleading;
  - (l) committing an act of misconduct of a sexual nature;
  - (m) failing to supervise an assistant or support personnel appropriately or in accordance with standards;
  - (n) contravening the *Act*, the regulation, or these bylaws; or
  - (o) breaching an undertaking provided to the college pursuant to section 36 or 37.1 of the *Act*.

## **PART 7: PROFESSIONAL CORPORATIONS**

### **Application for a permit**

71. A corporation may apply to the college for a permit to carry on the business of providing physical therapy services to the public by delivering to the registrar
  - (1) the corporation's contact information,
  - (2) a copy of the certificate of incorporation of the corporation and any other certificates which reflect a change in name,

- (3) the permit application fee specified in Schedule “B”,
- (4) an acknowledgement, in a form approved by the registrar, executed by each registrant who is a voting shareholder of the corporation or of a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the corporation, confirming that the registrant has read section 14.1 of the *Act*, and that the registrant understands that
  - (a) the registrant’s liability for professional negligence will not be affected by the fact that the registrant practises physical therapy through or on behalf of the corporation,
  - (b) the application of the *Act*, its regulations and these bylaws to the registrant will not be affected, modified or diminished as a result of the registrant’s relationship with the corporation, and
  - (c) neither the issuance of a health professions corporation permit by the College nor the registrant’s practise of physical therapy through or on behalf of the corporation will in any way relieve or absolve the registrant from observing the Code of Ethical Conduct and Standards of Practice referred to in Part 8, and
- (5) a certificate of solicitor pursuant to section 73.

### **Designated person**

72. (1) A corporation must, by resolution, designate a person (“designated person”) as the person responsible for ensuring the corporation’s compliance with the College’s permit application requirements, permit renewal requirements, and any other requirements applicable to the corporation.
- (2) A designated person must be a registrant of the College and a voting shareholder of the corporation pursuant to section 73 (1) (b).
- (3) A corporation may change the designated person by delivering to the registrar an amended certificate of solicitor pursuant to section 73 (2).

### **Certificate of solicitor**

73. The certificate of solicitor required under section 71 (5) must
- (1) confirm that the corporation meets all requirements of the *Act* and these bylaws, and in particular that:
    - (a) the articles of the corporation provide for the disposition of the shares of a shareholder who dies, ceases to be a registrant or who ceases to be qualified to practice physical therapy in a way that ensures ongoing compliance with the requirements of section 43 of the *Act*, and
    - (b) all voting shares of the corporation are legally or beneficially held by registrants, and
  - (2) identify a “designated person” as defined in section 72 (1).

### **Permits**

74. (1) The registrar shall, subject to subsection 43 (2) of the *Act*, issue to a corporation which has complied with the *Act* and these bylaws a permit entitling the corporation

to carry on the business of providing physical therapy services to the public as a health profession corporation.

- (2) A permit issued under subsection (1) or a permit renewed under section 77 (3) is valid for one year.
- (3) Despite subsection (2), a permit issued under subsection (1) or a permit renewed under section 77 (3) expires if
  - (a) the registrar receives from the health profession corporation's designated person a written request for the permit to be cancelled, or
  - (b) the health profession corporation is dissolved or otherwise ceases to be a company in good standing under the *Business Corporations Act*.

### **Change of corporate name**

75. Where a health profession corporation has changed its name, the designated person must deliver to the registrar a copy of the certificate issued by the Registrar of Companies showing the change of name and the date it is effective.

### **Advertising and identification of corporate status**

76. A health profession corporation which carries on the business of providing physical therapy services to the public must;
  - (1) disclose on all letterhead and business cards, and in all other advertisements, that the physical therapy services are being provided by a health profession corporation, and
  - (2) comply with the requirements of Part 8 of these Bylaws as if it were a registrant, to the extent those requirements may be applicable to a corporation.

### **Renewal of permits**

77. (1) A health profession corporation which intends to continue to provide physical therapy services to the public must apply to the registrar for a renewal of the permit on or before March 31st.
- (2) A renewal application shall include the permit renewal application fee specified in Schedule "B".
- (3) The registrar shall, subject to subsection 43 (2) of the *Act*, issue to a health profession corporation which has
  - (a) applied to the Registrar for a renewal of its permit in accordance with subsection (1), and
  - (b) complied with the *Act* and these bylaws,
  - (c) a permit entitling the health profession corporation to carry on the business of providing physical therapy services to the public.
- (4) If a health profession corporation fails to renew its permit or the permit is cancelled.

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### **Disposition or transfer of shares**

78. If the legal or beneficial interest in a voting share of a health profession corporation or holding corporation is transferred, pledged, or assigned to any person who is entitled to hold that legal or beneficial interest in accordance with the requirements of section 43 of the *Act*, the designated person must:
- (1) notify the registrar of the transfer, and
  - (2) deliver to the registrar an acknowledgement, consistent with the requirements in section 70 (4), from each new voting shareholder, unless an acknowledgement executed by that registrant has previously been delivered to the registrar.

### **Notification of other changes**

79. A health profession corporation's designated person must promptly advise the registrar in writing of any change to the information which was contained in the permit application or permit renewal application most recently delivered to the registrar.

### **College action upon notification**

80. Upon receiving a notification of change under section 78, or 79, the registrar may:
- (1) allow the existing permit to continue until the permit expiration date,
  - (2) re-issue the permit, which is valid until the date on which the permit it replaced would have expired, or
  - (3) require an application for a new health profession corporation permit.

## **PART 8: GENERAL**

### **Standards of Practice and Code of Ethical Conduct**

81. Registrants must comply with standards of practice and the Code of Ethical Conduct.

### **Liability Insurance**

82. All full, interim, student and temporary registrants must hold professional liability insurance in an amount of at least \$3,000,000 per occurrence.

### **Marketing and Advertising**

83. (1) Any advertising or marketing undertaken or authorized by a registrant in respect to their professional services must be
- (a) truthful,
  - (b) accurate, and
  - (c) verifiable.
- (2) A registrant must refrain from marketing, advertising, or using advertisements that do the following:
- (a) promote unnecessary physical therapy services;
  - (b) provide unsubstantiated claims or guarantees of successful results;
  - (c) make comparative statements about fees charged, service quality, health providers, and products, or endorse products for financial gain;

- (d) challenge or adversely reflect on the skills of other providers or the services of other clinics or facilities; or
- (e) offer patients incentives or other inducements for services.
- (3) A registrant must advertise only the physiotherapy services that they are competent to perform.
- (4) A registrant must retain copies of any marketing and advertising for one (1) year after the date of publication or broadcast and provide those records to the college on request.
- (5) Registrants have a duty, when requested by the college, to verify the statements made in their marketing or advertising.
- (6) The name used by a registrant or physical therapist health profession corporation in marketing and advertising shall be the same name that is shown in the college register.

### **Registrant's Records**

84. (1) Where a registrant collects personal information directly from a patient or the patient's representative, the registrant must take reasonable steps to ensure that the patient or patient's representative is aware of the following:
- (a) the fact that the personal information is being collected;
  - (b) the purpose for which the personal information is being collected;
  - (c) the intended recipients of the personal information;
  - (d) the legal authority for collecting the personal information if it is not provided voluntarily;
  - (e) the consequences, if any, for the patient if all or any part of the personal information is not provided; and
  - (f) the patient's right to access their personal information.
- (2) A registrant must always protect and maintain the confidentiality of personal information collected unless compelled otherwise by legislation.
- (3) A registrant must
- (a) correct an error or omission in a patient's record at the request of the patient or their representative, or
  - (b) note the request for correction in the record with particulars of the correction that was sought if the registrant disagrees that the record contains an error or omission.
- (4) A registrant must ensure that all records pertaining to his or her practice and containing personal information are safely and securely stored by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or disposal.
- (5) A registrant who ceases to practise for any reason must do the following:
- (a) first either
    - (i) transfer records containing personal information to a full registrant in good standing or make appropriate arrangements to store the personal information safely and securely and provide patients and patients' representatives with access to the information,



- (ii) return the record to the person the information pertains to, or
  - (iii) if the record can be disposed of, ensure that the record is effectively destroyed by using a shredder or by burning the record completely, or erasing information recorded or stored by electronic methods in a manner that ensures that the information cannot be reconstructed; and
- (b) then notify the registrar in writing within twenty-one (21) days of the steps taken to transfer or store the personal information.

## SCHEDULES

### SCHEDULE A

#### PHYSICAL THERAPY ACADEMIC PROGRAMS

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Master of Physical Therapy, Department of Physical Therapy, Faculty of Medicine, University of British Columbia, VANCOUVER, BC

Physio Refresh, Department of Physical Therapy, Faculty of Medicine, University of British Columbia, VANCOUVER, BC

Master of Science in Physical Therapy, Department of Physical Therapy, Faculty of Rehabilitation Medicine, University of Alberta, EDMONTON, AB

Master of Physical Therapy, School of Physical Therapy, College of Medicine, University of Saskatchewan, SASKATOON, SK

Master of Physical Therapy, College of Rehabilitation Sciences, Faculty of Health Sciences, University of Manitoba, WINNIPEG, MB

Master of Science (Physiotherapy), School of Rehabilitation Science, Faculty of Health Sciences, McMaster University, HAMILTON, ON

Master of Science in Physical Therapy, School of Rehabilitation Therapy, Faculty of Health Sciences, Queen's University, KINGSTON, ON

Maîtrise ès sciences de la santé en physiothérapie, École des sciences de la réadaptation, Faculté des sciences de la santé, University of Ottawa, OTTAWA, ON

Master of Science in Physical Therapy Department of Physical Therapy, Faculty of Medicine, University of Toronto, TORONTO, ON

Master of Physical Therapy, School of Physical Therapy, Faculty of Health Sciences, University of Western Ontario, LONDON, ON

Master of Science in Physical Therapy (Applied), School of Physical & Occupational Therapy, Faculty of Medicine, McGill University, MONTREAL, QC

Continuum baccalauréat-maîtrise en physiothérapie, Département de réadaptation, Faculté de médecine, Université Laval, QUÉBEC, QC

Continuum baccalauréat-maîtrise en physiothérapie, École de réadaptation, Faculté de médecine, Université de Montréal, MONTREAL, QC

Maîtrise en physiothérapie, École de réadaptation, Faculté de médecine et des sciences de la santé, École de réadaptation, Université de Sherbrooke, SHERBROOKE, QC

Maîtrise ès sciences appliquées (physiothérapie), Unité d'enseignement en physiothérapie, Université du Québec à Chicoutimi, CHICOUTIMI, QC

34 Master of Science (Physiotherapy), School of Physiotherapy, Faculty of Health, Dalhousie University, HALIFAX, NS

## SCHEDULE B

### FEES

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#### REGISTRATION

Application Fee for Full, Full-Tele-practice, Interim  
\$200.00

Annual Registration and Renewal Fees	
Full	\$500.00
Full-Tele-practice	\$200.00
Interim	\$500.00

*Fees are non-refundable and must be paid in full whether you intend to practice for the entire registration year or only a portion.*

Temporary Registration \$50.00  
Student Registration No Fee  
Jurisprudence Examination No Fee

Re-instatement Fee within Two Months of Failure to Renew: 35% Penalty Fee in addition to Fees Owed

Return to practice up to 5 years away from practice: annual registration fee applies

Return to practice after more than 5 years since registration in BC: application and annual registration fees apply.

#### HEALTH PROFESSION CORPORATIONS

Application Fee for Health Profession Corporations  
\$200

Health Profession Corporation Permit and Annual  
Renewal Fee \$90.00

#### OTHER

- Change to Supervision Agreement \$25.00

## SCHEDULE C

### TARIFF OF COSTS

---

#### Investigations

1. For the purposes of calculating costs with respect to an investigation, an investigation is deemed to run from the time the registrar receives a complaint pursuant to section 32(1) of the *Act*, or from the time when the inquiry committee makes its own motion to investigate a registrant pursuant to section 33(4) of the *Act*.

#### Costs with respect to Investigations

2. The College is entitled to recover the following costs of investigation:
  - (a) expenses for legal representation for the purposes of an investigation not exceeding 50% of actual legal fees incurred;
  - (b) expenses for other reasonable and necessary professional services contracted for the purposes of an investigation up to 100% of actual expenses incurred;
  - (c) expenses for other reasonable and necessary disbursements incurred for the purposes of an investigation, including disbursements paid for by legal counsel, up to 100% of actual expenses incurred.

#### Discipline Hearing

3. For the purposes of calculating costs with respect to preparation for and conduct of a hearing, expenses are recoverable from the time the inquiry committee directs the registrar to issue a citation pursuant to section 33(6)(d) of the *Act* until:
  - (a) the inquiry committee accepts a written proposal for consent pursuant to sections 37.1(2) or (5) of the *Act*,
  - (b) the discipline committee dismisses the matter pursuant to section 39(1) of the *Act*, or
  - (c) the discipline committee makes an order pursuant to section 39(2) of the *Act*.
4. In connection with preparation for and resolution of a discipline hearing, the College is entitled to recover the following:
  - (a) expenses for legal representation for the purposes of preparing for and conducting the hearing up to 50% of actual legal fees incurred,
  - (b) reasonable and necessary expert witness fees for the purposes of preparing for and conducting the hearing up to 100% of actual fees incurred, and
  - (c) other reasonable and necessary disbursements for the purposes of preparing for and conducting the hearing, including disbursements paid for by legal counsel, up to 100% of actual disbursements incurred.

## SCHEDULE D

### APPROVED EXAMINATIONS

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#### 1. ENTRY LEVEL EXAMINATIONS PHYSIOTHERAPY

##### COMPETENCY EXAMINATION

- (i) Part A Qualifying Examination and Part B Physiotherapy National Examination;
- (ii) Part A Qualifying Examination and a clinical evaluation administered by the University of British Columbia that assesses entry-level competence when, Part B, the Physiotherapy National Examination, is unavailable.
- (iii) in the case of Quebec graduates, successful completion of the requirements in Article 1.14 <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/C-26,%20r.%202?>; or
- (iv) in the case of graduates outside of Quebec, successful completion of the requirements in Article 3: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/C-26,%20r,%20203/>.

#### 2. JURISPRUDENCE EXAMINATION

#### 3. QUALITY ASSURANCE

Annual Self Report (ASR)

Registrant Competence Assessment (RCA)

**COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA**  
**900-200 Granville Street, Vancouver, BC V6C 1S4**  
**Phone: (604) 742-6556 Fax: (604) 357-1862**  
**email: (registrar)**

**NOMINATION FORM**

---

I, \_\_\_\_\_ being a full registrant of and in good standing with the print  
name

College of Physical Therapists of British Columbia hereby nominate

\_\_\_\_\_ full registrant, for the position of Board Member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPTBC Registration Number

**COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA**  
900-200 Granville Street, Vancouver, BC V6C 1S4  
Phone: (604) 742-6556 Fax: (604) 357-1862  
[www.cptbc.org](http://www.cptbc.org)  
email: (registrar)

**CONSENT TO NOMINATION**

---

Section 3(3) of the College’s Bylaws provides that a nominee to the Board must declare, in writing, that they will observe the provisions of the *Act*, the Regulations, and the Bylaws and the procedures related to the election and the conduct of the election.

I, \_\_\_\_\_, being a full registrant in good standing with the College of Physical Therapists of British Columbia accept the nomination for the office of Board Member of the College. I declare that I will observe the provisions of the *Health Professions Act*, Physical Therapists Regulation, and College Bylaws made under the *Health Professions Act* and the procedures related to, and the conduct of, the election of the College’s Board of Directors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name



**CPTBC**

College of Physical Therapists  
of British Columbia

**FORM 3**

**CERTIFICATE OF ELECTION**

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The Board of the College of Physical Therapist of British Columbia hereby certify that

\_\_\_\_\_ of \_\_\_\_\_,

in the Province of British Columbia,

has been elected as a member of the Board of the College in accordance with the  
*Health Professions Act.*

The term of the office as a member of the Board of the College will commence on

\_\_\_\_\_ in the year of \_\_\_\_\_.

Given under the seal of the Board at Vancouver, British Columbia, this

day of \_\_\_\_\_.



**NEW REGISTRATION APPLICATION FORM**

**FORM 4a**

**1. Personal Information**

---

\_\_\_\_\_  
Legal Last Name                                      Middle Name                                      Legal First Name

\_\_\_\_\_  
Commonly Used First Name in Practice                                      Previous Name(s)

Ms.    Mrs.    Miss    Mr.

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/Town                                      Province/Territory/State                                      Country

\_\_\_\_\_  
Postal Code                                      Home Phone                                      Cell Phone

\_\_\_\_\_  
Email Address

**(Primary method used by the CPTBC to communicate information essential to maintaining your registration)**

DOB: \_\_\_\_\_  
                    DD/MM/YYYY                                      Birth City                                      Birth Country

                                                                          

Gender:                      Male                      Female                      Other

\_\_\_\_\_  
BC Drivers Licence Number or BCID  
\*Providing your Drivers Licence or BCID number may expedite the Criminal Records Check

**2. Registration Category (please check one only)**

Full     Interim     Tele-practice     Temporary (taking or teaching a course)

**3. Currently Registered in Canada**

Applicants currently registered with another regulatory organization in Canada may be eligible for a streamlined process.

Are you currently registered with another Canadian physical therapy regulatory body?                       Yes     No  
If yes, indicate the province you are currently registered in \_\_\_\_\_

**(For Tele-practice Only)** If yes, have you met all the QA requirements of the physical therapy regulatory body in the province that you are currently registered?                       Yes     No

---

#### 4. English Language Proficiency

Language of entry level physical therapy education: \_\_\_\_\_

If your entry level physical therapy education was in a language other than English or you have not been successfully credentialed to complete any part of the Physiotherapy Competency Examination, proof of English language proficiency is required. Please go to <https://www.alliancept.org/considering-canada/language-proficiency/> for details.

Languages, other than English, in which you can provide physiotherapy services: \_\_\_\_\_

\_\_\_\_\_

---

#### 5. Education

##### **Entry Level Physical Therapy Degree**

Degree	University/Education Institution	Prov/State/Country	Date of Graduation
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

**Degree Codes:** 10 Diploma   20 Bachelor's   30 Master's (entry to profession)   40 Doctorate (entry to profession)

##### **Post Entry Level Physical Therapy Degree**

*Please include your highest level of degree*

Degree	University/Education Institution	Prov/State/Country	Date of Graduation
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

**Degree Codes:** 20 Bachelor's (post entry level)   30 Master's (post entry level)   40 Doctorate (post entry level)

##### **Post Entry Level Physical Therapy Certification\***

Certification Name	Institution Providing Certification	Prov/State/Country	Date of Completion
_____			

\*If you wish to apply to be added to the dry needling roster, please go to <https://cptbc.org/physical-therapists/practice-resources/dry-needling-roster/>

### 6. Eligibility for Registration

- I am **registered** as a physical therapist in **another Canadian jurisdiction**
- I am **registered** as a physical therapist **outside of Canada**
- I **successfully completed** the Physiotherapy Competency Examination on:  
(written exam date) \_\_\_\_\_ and (clinical exam date) \_\_\_\_\_
- I have **successfully completed** the **written examination** on (date) \_\_\_\_\_ and **registered for** the **clinical examination** on (date) \_\_\_\_\_
- I am **registered for** the Physiotherapy Competency Examination on:  
(written exam date) \_\_\_\_\_ and (clinical exam date) \_\_\_\_\_

### 7. Professional Registration

If you are or have been **registered or licensed** to practice physical therapy or any other profession with any other regulatory organization **in the past 10 years**, you must complete a regulatory history form and complete the following

Regulatory Organization \_\_\_\_\_

Province/State/Country \_\_\_\_\_

Registration Number \_\_\_\_\_

Registration Dates \_\_\_\_\_

Regulatory Organization \_\_\_\_\_

Province/State/Country \_\_\_\_\_

Registration Number \_\_\_\_\_

Registration Dates \_\_\_\_\_

### 8. Employment Profile for BC

Mandatory for Interim Registration. Temporary Registration Applicants skip to section 10.

#### Employment Status

--	--	--

- 014** Employed as PT
- 024** Employed as PT, currently on leave (i.e., LOA, maternity leave)
- 14A** Employed as PT outside of BC
- 074** Employed in other activities resulting from physiotherapy credentials and experience  
(i.e., research, administration, teaching or academic positions, consulting)
- 034** Employed outside of PT, seeking work in PT
- 054** Unemployed and seeking work in PT

Please indicate the primary **REGION** in which you will be working (or seeking work) in BC.

--	--

**10** Vancouver Island and Gulf Islands

**20** Metro Vancouver

**30** Fraser Valley

**40** Sunshine Coast/Whistler

**50** Thompson Okanagan

**60** Kootenay Rockies

**70** Cariboo & Chilcotin Coast

**80** Northern

**90** Outside of BC

Please provide the following employment information if you have secured employment

**Primary Employment Information**

Employer/Health Authority/Business Name if self-employed

Facility Name

Address

City/Town

Province/State

Country

Postal Code

Phone

**Secondary Employment Information**

Employer Name/Health Authority/Business Name if self-employed

Facility Name

Address

City/Town

Province/State

Country

Postal Code

Phone

**Third Employment Information**

Employer Name/Health Authority/Business Name if self-employed

Facility Name

Address

City/Town

Province/State

Country

Postal Code

Phone

**Employment Category**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Permanent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>20</b> Temporary
			<b>30</b> Casual
			<b>40</b> Self-Employed

**Employment Status**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Full time @ # hours per week
<input type="text"/> @ _____ wk	<input type="text"/> @ _____ wk	<input type="text"/> @ _____ wk	<b>20</b> Part time @ # hours per week

**Main Employment Role**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Clinician	<b>40</b> Researcher
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>20</b> Manager	<b>50</b> Educator
			<b>30</b> Professional Practice Leader	<b>60</b> Other

**Main Place of Employment**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>010</b> General Hospital	<b>080</b> Group Professional Practice/Clinic
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>020</b> Rehabilitation Hospital/Facility	<b>090</b> Solo Professional Practice/Business
			<b>030</b> Mental Health Hospital/Facility	<b>100</b> Post Secondary Institution
			<b>040</b> Residential Care Facility	<b>110</b> School or School Board
			<b>050</b> Assisted-Living Residence	<b>120</b> Association/Governmental Agency
			<b>060</b> Community Health Centre	<b>130</b> Industry, Manufacturing, Commercial
			<b>070</b> Visiting Agency/Business	<b>140</b> Other

**Area of Practice (Indicate only one per Employment Setting)**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Areas of Direct Service	Areas of Direct Service (continued)	Areas of Client Management/Consulting
014 General Practice	100E Pediatrics	120 Client Service Management
024 Sports Medicine	104 Oncology	214 Consulting
034 Burns & Wounds	114 Critical Care	<b>Areas of Education</b>
044 Plastics	124 Cardiology	234 Teaching – PT Related
054 Amputations	134 Neurology	244 Continuing Education
064 Orthopaedics/Musculoskeletal	144 Respiriology	254 Teaching – Other
074 Rheumatology	090 Health Promotion and Wellness	<b>Area of Research</b>
084 Vestibular Rehabilitation	080 Palliative Care	150 Research
094 Perineal/Pelvic Floor Dysfunctions	174 Return to Work Rehabilitation	<b>Area of Sales</b>
100A Obstetrics/Gynecology	184 Ergonomics	264 Sales
100B Mental Health	100F Other Clinical Area	<b>Other</b>
100C Geriatrics	<b>Area of Administration</b>	160 Other Area Not Otherwise Described
100D Pain Management	110 Administration	

**Sector of Employment**

**Primary**      **Secondary**      **Third**  
             

14 Public Sector  
 24 Private Section (includes self-employment)

**9. Physical Therapy Practice Hours in the Past Five Years**

(Temporary Registration Applicants not working in BC can skip to section 10)

**Physical therapy practice is defined as** paid and professional activity hours spent in physical therapy practice or other activities resulting from possessing physiotherapy/physical therapy credentials and experience which may include clinical practice, research, administration, teaching/academia and consulting.

<b>Year</b>					
<b>Annual Practice Hours</b>					

**10. Professional Liability Insurance**

Provide all the information requested below. You must provide a copy of your insurance certificate and/or letter from your employer regarding liability insurance coverage.

If you practice in both the public and private sector, you must include verification of professional liability insurance for all practice settings.

I understand it is my responsibility to maintain professional liability insurance coverage throughout my registration and I am insured for practice in all public and private places of employment. I understand that false or misleading statements concerning my coverage contravene College Bylaws and are grounds for a complaint of professional misconduct.  (Initial here)

---

## 11. Consent for Criminal Record Check

### Schedule Type

Schedule B – use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post-secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Works With: Children and Vulnerable Adults

### Consent for Release of Information and Acknowledgements

#### PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- I understand a criminal record check under the Criminal Records Review Act is required at least once every five years. By my signature below, I consent to this criminal record check as well as any required future criminal record checks, unless and until such time as my registration with CPTBC is cancelled or until I revoke, in a manner specified by CPTBC, my ongoing consent and authorization
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the Criminal Records Act. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- I hereby authorize the release to the Deputy Registrar of the Criminal Records Review Program (CRRP) any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the CRRP for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).

- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at to 1-855-587-0185 (Option 2).*

### Checklist For Applicant

- I have completed the attached form truthfully, clearly and legibly, and signed and dated it.
- My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- My employer or organization will retain the original of the forms and will forward a copy to the CRRP on my behalf.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

### 12. Good Character

1. Are you currently involved in an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia or another regulated professional? An inquiry or proceeding can include but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes     No

If yes, I agree to provide details in writing and send it to the College immediately (include whether there are current terms, conditions or restrictions on your licence/permit because of the inquiry or proceeding).

(Initial here)

2. Has an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia, or another regulated professional, resulted in actions against you which you have not reported to CPTBC previously? An inquiry or proceeding can include, but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes     No

If yes, I agree to provide details in writing and send it to the College immediately (include the outcome at the conclusion of the inquiry or proceeding and current status of the outcome).  (Initial here)



3. Have you ever had an application for registration as a physical therapist, or another regulated professional, refused?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately.  (Initial here)

4. Have you ever been found guilty of a criminal offence in any jurisdiction which you have not reported to CPTBC previously?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include current status of your criminal record).  (Initial here)

---

### 13. Information Collection and Privacy

By completing this application, I authorize CPTBC to investigate and/or verify any information supplied in this application. CPTBC may request and/or collect additional information and records from third parties that it considers relevant to this application. I consent to both the collection and use of such information and records by CPTBC for the purposes of assessing whether I meet the requirement for registration. I further consent to CPTBC's disclosure of my personal information to the extent necessary to verify the information that I have provided or for the purposes of gathering additional information to assess my application. I also consent to CPTBC's disclosure of my personal information for national and provincial reporting for the purposes of health human resource planning and for the Ministry of Health Provider Registry.

(Initial here)

---

### 14. Email Consent for Research Recruitment

I consent to release my email address for the purpose of recruitment to research studies. By selecting Yes, I have authorized CPTBC to release my email address to researchers who are conducting research relevant to regulation and/or the practice of physical therapy. This may include researchers contracted by CPTBC to engage in regulatory research. Researchers must have made a specific request to CPTBC outlining the purpose of the research, agreed to a data sharing agreement and, where required, indicated ethics approval by a recognized review board. Consenting to the release of your email does not imply consent to participate in the research.

Yes  No

Note: You may grant or withdraw this email consent at any time by logging into your CPTBC account.

---

### 15. Other Information

CPTBC, along with other BC health profession regulators, is collecting information on participation of registrants in the San'yas Indigenous Cultural Safety Training – Core Health (formerly the Indigenous Cultural Competency Training (ICC Training) offered by Provincial Health Services Authority of BC. This training is not a requirement for the purposes of this application.

Have you completed the San'yas Indigenous Cultural Safety Training – Core Health offered by Provincial Health Services Authority of BC?

Yes  No  I am not aware of the San'yas Indigenous Cultural Safety Training program

I have taken other training related to Indigenous Cultural Competency (please specify):

---

---

## 16. Declaration

I solemnly declare:

- That all the information provided in this application is true;
- I understand that false or misleading information may result in a review of my registration, or may be cause for revocation of any registration for which may be granted to me;
- I will practice at all times in compliance with the *Health Professions Act*, the Physical Therapists Regulations and the Bylaws of the College of Physical therapists of British Columbia, and in compliance with any limits or conditions consented to in order to resolve a complaint made against my practice, pursuant to section 36 of the *Act* or imposed under section 39(1)(c) of the *Act*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This information is collected pursuant to the Health Professions Act, article 20(2). The information is held in a personal data bank accessible only by officers and employees of the College. A registrant may access the information contained in their own member file in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. General information regarding registrants is available to the public and is published annually.**

**The College is required to maintain a public register. Your name, registration status and business information may be provided upon request (Section 22 and 22.1 HPA).**

**REINSTATEMENT APPLICATION FORM**

**FORM 4b**

**1. Personal Information**

Legal Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Commonly Used First Name in Practice \_\_\_\_\_ Previous Name (s) \_\_\_\_\_

CPTBC Registration Number \_\_\_\_\_  Ms.  Mrs.  Miss  Mr.

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/Territory/State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address\* \_\_\_\_\_  
**(Primary method used by the CPTBC to communicate information essential to maintaining your registration)**

DOB: \_\_\_\_\_

DD/MM/YYYY Birth City Birth Country

Gender:  Male  Female  Other

\_\_\_\_\_  
BC Drivers License or BCID Number  
\*Providing your Drivers Licence or BCID number may expedite the Criminal Records Check process

**2. Reinstatement Category (please check one only)**

Full  Interim  Tele-practice

---

### 3. Education

#### **Post Entry Level Physical Therapy Degree**

*Please include your highest level of degree*

Degree	University/Education Institution	Prov/State/Country	Date of Graduation
<input type="text"/>	_____	_____	_____
<input type="text"/>	_____	_____	_____

**Degree Codes:** 10 Diploma/Certificate   20 Bachelor's   30 Master's   40 Doctorate

#### **Post Entry Level Physical Therapy Certification\***

Certification Name	Institution Providing Certification	Prov/State/Country	Date of Completion
--------------------	-------------------------------------	--------------------	--------------------

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Certification Name	Institution Providing Certification	Prov/State/Country	Date of Completion
--------------------	-------------------------------------	--------------------	--------------------

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\*If you wish to apply to be added to the dry needling roster, please go to <https://cptbc.org/physical-therapists/practice-resources/dry-needling-roster/>

### 4. Professional Registration

If you are or have been **registered or licensed** to practice physical therapy or any other profession with any other regulatory organization **in the past 10 years**, you must complete a regulatory history form and complete the following.

**(This section is not required if applying for reinstatement following cancellation due to non-payment of dues)**

---

Regulatory Organization \_\_\_\_\_

Province/State/Country \_\_\_\_\_

Registration Number \_\_\_\_\_

Registration Dates \_\_\_\_\_

Regulatory Organization \_\_\_\_\_

Province/State/Country \_\_\_\_\_

Registration Number \_\_\_\_\_

Registration Dates \_\_\_\_\_

---

## 5. Employment Profile for BC

### Employment Status

--	--	--

- 014** Employed as PT
- 024** Employed as PT, currently on leave (i.e., LOA, maternity leave)
- 14A** Employed as PT outside of BC
- 074** Employed in other activities resulting from physiotherapy credentials and experience  
(i.e., research, administration, teaching or academic positions, consulting)
- 034** Employed outside of PT, seeking work in PT
- 054** Unemployed and seeking work in PT

Please indicate the primary **REGION** in which you will be working (or seeking work) in BC.

--	--

- |                                             |                                     |
|---------------------------------------------|-------------------------------------|
| <b>10</b> Vancouver Island and Gulf Islands | <b>60</b> Kootenay Rockies          |
| <b>20</b> Metro Vancouver                   | <b>70</b> Cariboo & Chilcotin Coast |
| <b>30</b> Fraser Valley                     | <b>80</b> Northern                  |
| <b>40</b> Sunshine Coast/Whistler           | <b>90</b> Outside of BC             |
| <b>50</b> Thompson Okanagan                 |                                     |

Please provide the following employment information if you have secured employment.

### Primary Employment Information in BC

---

Employer/Health Authority/Business Name if self-employed

Facility Name

---

Address

---

City/Town

---

Province/State

---

Country

---

Postal Code

---

Phone

### Secondary Employment Information in BC

---

Employer Name/Health Authority/Business Name if self-employed

Facility Name

---

Address

---

City/Town

---

Province/State

---

Country

---

Postal Code

---

Phone

**Third Employment Information in BC**

Employer Name/Health Authority/Business Name if self-employed \_\_\_\_\_ Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

**Employment Category**

**Primary**      **Secondary**      **Third**      **10** Permanent  
               **20** Temporary  
**30** Casual  
**40** Self-Employed

**Employment Status**

**Primary**                      **Secondary**                      **Third**                      **10** Full time @ # hours per week  
  @ \_\_\_\_\_ wk      @ \_\_\_\_\_ wk      @ \_\_\_\_\_ wk    **20** Part time @ # hours per week

**Main Employment Role**

**Primary**      **Secondary**      **Third**      **10** Clinician                      **40** Researcher  
               **20** Manager                      **50** Educator  
**30** Professional Practice Leader    **60** Other

**Main Place of Employment**

**Primary**      **Secondary**      **Third**      **010** General Hospital                      **080** Group Professional Practice/Clinic  
                  **020** Rehabilitation Hospital/Facility    **090** Solo Professional Practice/Business  
**030** Mental Health Hospital/Facility    **100** Post Secondary Institution  
**040** Residential Care Facility              **110** School or School Board  
**050** Assisted-Living Residence            **120** Association/Governmental Agency  
**060** Community Health Centre            **130** Industry, Manufacturing, Commercial  
**070** Visiting Agency/Business            **140** Other

**Area of Practice (Indicate only one per Employment Setting)**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>												
<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>				

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| <p><b>Areas of Direct Service</b></p> <p><b>014</b> General Practice<br/> <b>024</b> Sports Medicine<br/> <b>034</b> Burns &amp; Wounds<br/> <b>044</b> Plastics<br/> <b>054</b> Amputations<br/> <b>064</b> Orthopaedics/Musculoskeletal<br/> <b>074</b> Rheumatology<br/> <b>084</b> Vestibular Rehabilitation<br/> <b>094</b> Perineal/Pelvic Floor Dysfunctions<br/> <b>100A</b> Obstetrics/Gynecology<br/> <b>100B</b> Mental Health<br/> <b>100C</b> Geriatrics<br/> <b>100D</b> Pain Management</p> | <p><b>Areas of Direct Service (continued)</b></p> <p><b>100E</b> Pediatrics<br/> <b>104</b> Oncology<br/> <b>114</b> Critical Care<br/> <b>124</b> Cardiology<br/> <b>134</b> Neurology<br/> <b>144</b> Respiriology<br/> <b>090</b> Health Promotion and Wellness<br/> <b>080</b> Palliative Care<br/> <b>174</b> Return to Work Rehabilitation<br/> <b>184</b> Ergonomics<br/> <b>100F</b> Other Clinical<br/> <p><b>Area of Administration</b></p> <p><b>110</b> Administration</p> </p> | <p><b>Areas of Client Management/Consulting</b></p> <p><b>120</b> Client Service Management<br/> <b>214</b> Consulting</p> <p><b>Areas of Education</b></p> <p><b>234</b> Teaching – PT Related<br/> <b>244</b> Continuing Education<br/> <b>254</b> Teaching – Other</p> <p><b>Area of Research</b></p> <p><b>150</b> Research</p> <p><b>Area of Sales</b></p> <p><b>264</b> Sales</p> <p><b>Other</b></p> <p><b>160</b> Other Area Not Otherwise Described</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Sector of Employment**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>						
<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		

- 14** Public Sector  
**24** Private Section (includes self-employment)

**6. Physical Therapy Practice Hours in the Past Five Years**

**Physical therapy practice is defined as** paid and professional activity hours spent in physical therapy practice or other activities resulting from possessing physiotherapy/physical therapy credentials and experience which may include clinical practice, research, administration, teaching/academia and consulting.

<b>Year</b>					
<b>Practice Hours</b>					

**7. Professional Liability Insurance**

College bylaws require that all registrants practising in BC must be insured against liability for negligence in an amount of at least \$3,000,000 per occurrence. It is your responsibility to ensure that you always carry valid liability insurance.

Please note that a liability insurance extension (i.e., 1-year extension on expired insurance) is not acceptable.

**Policy Provider (Check all that Apply)**

Health Authority, Hospital
  Government Agency, Academic Facility

Private Insurance: Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Period: Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

DD/MM/YYYY DD/MM/YYYY

I am declaring that I will ensure to always carry valid liability insurance and that I will provide a copy of my liability insurance when requested by the College for verification purposes.  (Initial here)

---

## 8. Good Character

5. Are you currently involved in an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia or another regulated professional? An inquiry or proceeding can include but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include whether there are current terms, conditions or restrictions on your licence/permit because of the inquiry or proceeding).

(Initial here)

6. Has an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia, or another regulated professional, resulted in actions against you which you have not reported to CPTBC previously? An inquiry or proceeding can include, but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include the outcome at the conclusion of the inquiry or proceeding and current status of the outcome).  (Initial here)

7. In the last year, have you had an application for registration as a physical therapist, or another regulated professional, refused?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately.  (Initial here)

8. Under section 17(1) of the Criminal Records Review Act, if a registered member is charged with or convicted of a relevant offence or a specified offence subsequent to a criminal record check or criminal record check verifications, the registered member must promptly report the charge or conviction to the member's governing body and provide to the governing body a criminal record check authorization for a further criminal record check.

Since your last registration with CPTBC, have you been charged with or convicted of a relevant offence or a specified offence subsequent to a criminal record check or criminal record check verification?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include current status of your criminal record).  (Initial here)



---

## 9. Consent for Criminal Record Check

### Schedule Type

Schedule B – use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post-secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Works With: Children and Vulnerable Adults

### Consent for Release of Information and Acknowledgements

#### PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- I understand a criminal record check under the Criminal Records Review Act is required at least once every five years. By my signature below, I consent to this criminal record check as well as any required future criminal record checks, unless and until such time as my registration with CPTBC is cancelled or until I revoke, in a manner specified by CPTBC, my ongoing consent and authorization
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the Criminal Records Act. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- I hereby authorize the release to the Deputy Registrar of the Criminal Records Review Program (CRRP) any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the CRRP for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).

- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at to 1-855-587-0185 (Option 2).*

### Checklist For Applicant

- I have completed the attached form truthfully, clearly and legibly, and signed and dated it.
- My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- My employer or organization will retain the original of the forms and will forward a copy to the CRRP on my behalf.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

---

### 10. Information Collection and Privacy

By completing this application, I authorize CPTBC to investigate and/or verify any information supplied in this application. CPTBC may request and/or collect additional information and records from third parties that it considers relevant to this application. I consent to both the collection and use of such information and records by CPTBC for the purposes of assessing whether I meet the requirement for registration. I further consent to CPTBC's disclosure of my personal information to the extent necessary to verify the information that I have provided or for the purposes of gathering additional information to assess my application. I also consent to CPTBC's disclosure of my personal information for national and provincial reporting for the purposes of health human resource planning and for the Ministry of Health Provider Registry.

(Initial here)

---

### 11. Email Consent for Research Recruitment

I consent to release my email address for the purpose of recruitment to research studies. By selecting Yes, I have authorized CPTBC to release my email address to researchers who are conducting research relevant to regulation and/or the practice of physical therapy. This may include researchers contracted by CPTBC to engage in regulatory research. Researchers must have made a specific request to CPTBC outlining the purpose of the research, agreed to a data sharing agreement and, where required, indicated ethics approval by a recognized review board. Consenting to the release of your email does not imply consent to participate in the research.

Yes  No

Note: You may grant or withdraw this email consent at any time by logging into your CPTBC account.

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## 12. Other Information

CPTBC, along with other BC health profession regulators, is collecting information on participation of registrants in the San'yas Indigenous Cultural Safety Training – Core Health (formerly the Indigenous Cultural Competency Training (ICC Training) offered by Provincial Health Services Authority of BC. This training is not a requirement for the purposes of this application.

Have you completed the San'yas Indigenous Cultural Safety Training – Core Health offered by Provincial Health Services Authority of BC?

Yes  No  I am not aware of the San'yas Indigenous Cultural Safety Training program

I have taken other training related to Indigenous Cultural Competency (please specify):

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## 13. Declaration

I solemnly declare:

- That all the information provided in this application is true;
- I understand that false or misleading information may result in a review of my registration, or may be cause for revocation of any registration for which may be granted to me;
- I will practice at all times in compliance with the *Health Professions Act*, the Physical Therapists Regulations and the Bylaws of the College of Physical therapists of British Columbia, and in compliance with any limits or conditions consented to in order to resolve a complaint made against my practice, pursuant to section 36 of the *Act* or imposed under section 39(1)(c) of the *Act*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This information is collected pursuant to the Health Professions Act, article 20(2). The information is held in a personal data bank accessible only by officers and employees of the College. A registrant may access the information contained in their own member file in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. General information regarding registrants is available to the public and is published annually.**

**The College is required to maintain a public register. Your name, registration status and business information may be provided upon request (Section 22 and 22.1 HPA).**

<b>SECTION 1: Consent for Release of Information</b>		
To be completed by the applicant and sent to the regulatory authority to complete Section 2.		
Applicant's Full Name		
Applicant's Registration Number		
Applicant's Date of Birth		
<input type="checkbox"/> I am applying for Tele-practice in BC		
<input type="checkbox"/> I authorize the regulatory authority below to provide the information in Section 2 requested by the College of Physical Therapists of British Columbia (the CPTBC). 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 CPTBC to be relevant to my application for registration as a physical therapist in British Columbia.		
_____	_____	_____
Name of Regulatory Authority	Applicant's Signature	Date of Signing

<b>SECTION 2: Report on Regulatory History</b>	
To be completed by the regulatory authority and returned directly to the CPTBC. Forms sent by applicants will not be accepted. Information is valid 3 months from the date issued.	
Name of Regulatory Authority	
<b>Records Include the Following Information Concerning the Registrant Named Below</b>	
Name of Registrant	
Registration Number	
Date of Initial Registration	
Expiry Date of Current Registration	
Current Registration Status	
Registration Type	
<b>Jurisprudence (Applicable to Canadian Physical Therapy Regulatory Organizations)</b>	
Has the applicant completed a jurisprudence exam administered by your organization?	
<input type="checkbox"/> Yes; Date of Exam <input type="checkbox"/> No <input type="checkbox"/> Not Applicable/Not Required	

Quality Assurance/Continuing Competency (Applicable to Applicants for Tele-practice Only)	
<p>Has the applicant met all Quality Assurance/Continuing Competence requirements for your organization?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Current Inquiry	
<p>Is the Applicant <b>currently</b> involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction? Any inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details including whether there are current terms, conditions or restrictions on the Applicant's license because of the inquiry or proceeding:</p> <p>_____</p>	
Previous Inquiry	
<p>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.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, after the inquiry or proceeding what was the outcome?</p> <p>_____</p> <p>What is the status of the outcome? (e.g., concluded, outstanding)</p> <p>_____</p>	
Reported Criminal Charges and/or Convictions	
<p>Describe any reported criminal charges and/or convictions, as well as any other outstanding charges against the Applicant: _____</p>	
Signatory Information	
Name of Signatory and Title	_____
Signatory's Phone Number	_____
Signatory's Email Address	_____
Signature	
_____	_____
	Date (mm/dd/yyyy)

**REGISTRATION RENEWAL APPLICATION FORM**

**FORM 6**

**1. Personal Information**

---

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Legal Last Name Middle Name Legal First Name

\_\_\_\_\_  \_\_\_\_\_   
Commonly Used First Name in Practice Previous Name (s)

CPTBC Registration Number \_\_\_\_\_  Ms.  Mrs.  Miss  Mr.

\_\_\_\_\_   
Home Address

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
City/Town Province/Territory/State Country

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
Postal Code Home Phone Cell Phone

\_\_\_\_\_   
Email Address  
**(Primary method used by the CPTBC to communicate information essential to maintaining your registration)**

DOB: \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
DD/MM/YYYY Birth City Birth Country

Gender:  Male  Female  Other

\_\_\_\_\_   
BC Drivers Licence or BCID Number (Optional)  
\*Providing your Drivers Licence or BCID number may expedite the Criminal Records Check process

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**2. Registration Category/Change of Status Notice (please check one only)**

Full  Interim  Tele-practice

**If you are returning to practice from Canceled status, please go to the college website for Information on applying for reinstatement.**

Cancellation

I wish to cancel my registration and I declare that I will not be practising and/or using title as PT in BC after my registration expires.

**It is your responsibility to contact the College to reinstate your registration prior to resuming practice in BC.**

End date of employment: \_\_\_\_\_ Signature: \_\_\_\_\_

Please indicate the reason for cancelling your registration:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**10** Leaving Province    **20** Leaving Country    **30** Leave (including maternity leave)    **40** Return to School    **50** Retiring  
**60** Other

### 3. Education

---

Please include any other education you have attained since last year.

#### Post Entry Level Physical Therapy Degree

Degree	University/Education Institution	Prov/State/Country	Year of Graduation
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

**Degree Codes:**    **20** Bachelor's       **30** Master's       **40** Doctorate

#### Post Entry Level Physical Therapy Certification

Certification Name	Institution Providing Certification	Prov/State/Country	Date of Completion
_____	_____	_____	_____

Certification Name	Institution Providing Certification	Prov/State/Country	Date of Completion
_____	_____	_____	_____

\*If you wish to apply to be added to the dry needling roster, please go to <https://cptbc.org/physical-therapists/practice-resources/dry-needling-roster/>

### 4. Employment Profile for BC

#### Employment Status

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- 014** Employed as PT
- 024** Employed as PT, currently on leave (i.e., LOA, maternity leave)
- 14A** Employed as PT outside of BC
- 074** Employed in other activities resulting from physiotherapy credentials and experience (i.e., research, administration, teaching or academic positions, consulting)
- 034** Employed outside of PT, seeking work in PT
- 054** Unemployed and seeking work in PT

On leave until (date) \_\_\_\_\_

If unemployed, you will need to provide PT employment information to the College once you begin work  
Please indicate the end date of your most recent employment \_\_\_\_\_

Please indicate the primary **REGION** in which you will be working (or seeking work) in BC.

--	--

**10** Vancouver Island and Gulf Islands

**20** Metro Vancouver

**30** Fraser Valley

**40** Sunshine Coast/Whistler

**50** Thompson Okanagan

**60** Kootenay Rockies

**70** Cariboo & Chilcotin Coast

**80** Northern

**90** Outside of BC

Please provide the following employment information if you have secured employment.

**Primary Employment Information in BC**

\_\_\_\_\_  
Employer/Health Authority/Business Name if self-employed

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone

**Secondary Employment Information in BC**

\_\_\_\_\_  
Employer Name/Health Authority/Business Name if self-employed

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone



**Third Employment Information in BC**

Employer Name/Health Authority/Business Name if self-employed      Facility Name

Address

City/Town      Province/State      Country

Postal Code      Phone

**Employment Category**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Permanent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>20</b> Temporary
			<b>30</b> Casual
			<b>40</b> Self-Employed

**Employment Status**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Full time @ # hours per week
<input type="text"/> @ _____ wk	<input type="text"/> @ _____ wk	<input type="text"/> @ _____ wk	<b>20</b> Part time @ # hours per week

**Main Employment Role**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>10</b> Clinician	<b>40</b> Researcher
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>20</b> Manager	<b>50</b> Educator
			<b>30</b> Professional Practice Leader	<b>60</b> Other

**Main Place of Employment**

<b>Primary</b>	<b>Secondary</b>	<b>Third</b>	<b>010</b> General Hospital	<b>080</b> Group Professional Practice/Clinic
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>020</b> Rehabilitation Hospital/Facility	<b>090</b> Solo Professional Practice/Business
			<b>030</b> Mental Health Hospital/Facility	<b>100</b> Post Secondary Institution
			<b>040</b> Residential Care Facility	<b>110</b> School or School Board
			<b>050</b> Assisted-Living Residence	<b>120</b> Association/Governmental Agency
			<b>060</b> Community Health Centre	<b>130</b> Industry, Manufacturing, Commercial
			<b>070</b> Visiting Agency/Business	<b>140</b> Other

**Area of Practice (Indicate only one per Employment Setting)**

Primary	Secondary	Third
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Areas of Direct Service</b></p> <ul style="list-style-type: none"> <li>014 General Practice</li> <li>024 Sports Medicine</li> <li>034 Burns &amp; Wounds</li> <li>044 Plastics</li> <li>054 Amputations</li> <li>064 Orthopaedics/Musculoskeletal</li> <li>074 Rheumatology</li> <li>084 Vestibular Rehabilitation</li> <li>094 Perineal/Pelvic Floor Dysfunctions</li> <li>100A Obstetrics/Gynecology</li> <li>100B Mental Health</li> <li>100C Geriatrics</li> <li>100D Pain Management</li> </ul> | <p><b>Areas of Direct Service (continued)</b></p> <ul style="list-style-type: none"> <li>100E Pediatrics</li> <li>104 Oncology</li> <li>114 Critical Care</li> <li>124 Cardiology</li> <li>134 Neurology</li> <li>144 Respiriology</li> <li>090 Health Promotion and Wellness</li> <li>080 Palliative Care</li> <li>174 Return to Work Rehabilitation</li> <li>184 Ergonomics</li> <li>100F Other Clinical</li> </ul> <p><b>Area of Administration</b></p> <ul style="list-style-type: none"> <li>110 Administration</li> </ul> | <p><b>Areas of Client Management/Consulting</b></p> <ul style="list-style-type: none"> <li>120 Client Service Management</li> <li>214 Consulting</li> </ul> <p><b>Areas of Education</b></p> <ul style="list-style-type: none"> <li>234 Teaching – PT Related</li> <li>244 Continuing Education</li> <li>254 Teaching – Other</li> </ul> <p><b>Area of Research</b></p> <ul style="list-style-type: none"> <li>150 Research</li> </ul> <p><b>Area of Sales</b></p> <ul style="list-style-type: none"> <li>264 Sales</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>160 Other Area Not Otherwise Described</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Sector of Employment**

Primary	Secondary	Third
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14 Public Sector
- 24 Private Section (includes self-employment)

**5. Physical Therapy Practice Hours**

Physical therapy practice is defined as paid and professional activity hours spent in physical therapy practice or other activities resulting from possessing physiotherapy/physical therapy credentials and experience which may include clinical practice, research, administration, teaching/academia and consulting.

Year	
Practice Hours	

**6. Professional Liability Insurance**

College bylaws require that all registrants practising in BC must be insured against liability for negligence in an amount of at least \$3,000,000 per occurrence. It is your responsibility to ensure that you always carry valid liability insurance.

Please note that a liability insurance extension (i.e., 1-year extension on maternity leave) is not acceptable.

**Policy Provider (check all that apply)**

- Health Authority, Hospital                       Government Agency, Academic Facility

Private Insurance: Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Period: Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

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## 7. Consent for Criminal Record Check

### Schedule Type

Schedule B – use if the individual is a) applying for membership or is a registered member of a B.C. governing body listed in schedule 2 of the Criminal Records Review Act, or b) is a registered student in a post-secondary program with a practicum component involving work with children and / or vulnerable adults. The requesting organization retains the original form.

Works With: Children and Vulnerable Adults

### Consent for Release of Information and Acknowledgements

#### PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- I understand a criminal record check under the Criminal Records Review Act is required at least once every five years. By my signature below, I consent to this criminal record check as well as any required future criminal record checks, unless and until such time as my registration with CPTBC is cancelled or until I revoke, in a manner specified by CPTBC, my ongoing consent and authorization
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the Criminal Records Act. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- I hereby authorize the release to the Deputy Registrar of the Criminal Records Review Program (CRRP) any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the Criminal Records Review Act or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.

- Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar of the CRRP for review.
- The Deputy Registrar of the CRRP will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Freedom of Information and Protection of Privacy Act: The information requested on this form is collected under the authority of the Criminal Records Review Act section 4(1) and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at to 1-855-587-0185 (Option 2).*

### Checklist For Applicant

- I have completed the attached form truthfully, clearly and legibly, and signed and dated it.
- My organization has verified my I.D. in person to confirm my identity and ensure that the information on the consent form is accurate.
- My employer or organization will retain the original of the forms and will forward a copy to the CRRP on my behalf.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

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### 8. Good Character

9. Are you currently involved in an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia or another regulated professional? An inquiry or proceeding can include but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes     No

If yes, I agree to provide details in writing and send it to the College immediately (include whether there are current terms, conditions or restrictions on your licence/permit because of the inquiry or proceeding).

(Initial here)

10. Has an inquiry or proceeding respecting your practice as a physical therapist outside of British Columbia, or another regulated professional, resulted in actions against you which you have not reported to CPTBC previously? An inquiry or proceeding can include, but is not limited to, appearance before a regulatory or employer committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include the outcome at the conclusion of the inquiry or proceeding and current status of the outcome).  (Initial here)

11. In the last year, have you had an application for registration as a physical therapist, or another regulated professional, refused?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately.  (Initial here)

12. Under section 17(1) of the Criminal Records Review Act, if a registered member is charged with or convicted of a relevant offence or a specified offence subsequent to a criminal record check or criminal record check verification, the registered member must promptly report the charge or conviction to the member's governing body and provide to the governing body a criminal record check authorization for a further criminal record check. Since your last registration with CPTBC have you been charged with or convicted of a relevant offence of a specified offence subsequent to a criminal record check or criminal record check verification?

Yes  No

If yes, I agree to provide details in writing and send it to the College immediately (include current status of your criminal record).  (Initial here)

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## 9. Information Collection and Privacy

By completing this renewal application, I authorize CPTBC to investigate and/or verify any information supplied in this application. CPTBC may request and/or collect additional information and records from third parties that it considers relevant to this application. I consent to both the collection and use of such information and records by CPTBC for the purposes of assessing whether I meet the requirement for registration. I further consent to CPTBC's disclosure of my personal information to the extent necessary to verify the information that I have provided or for the purposes of gathering additional information to assess my application. I also consent to CPTBC's disclosure of my personal information for national and provincial reporting for the purposes of health human resource planning and for the Ministry of Health Provider Registry.

(Initial here)

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## 10. Email Consent for Research Recruitment

By selecting Yes, I have authorized CPTBC to release my email address to researchers who are conducting research relevant to regulation and/or the practice of physical therapy. This may include researchers contracted by CPTBC to engage in regulatory research. Researchers must have made a specific request to CPTBC outlining the purpose of the research, agreed to a data sharing agreement and, where required, indicated ethics approval by a recognized review board.

Yes    No

Note: You may grant or withdraw this email consent at any time by logging into your CPTBC account.

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## 11. Other Information

CPTBC, along with other BC health profession regulators, is collecting information on participation of registrants in the San’yas Indigenous Cultural Safety Training – Core Health (formerly the Indigenous Cultural Competency Training (ICC Training) offered by Provincial Health Services Authority of BC. This training is not a requirement for the purposes of renewal.

Have you completed the San’yas Indigenous Cultural Safety Training – Core Health offered by Provincial Health Services Authority of BC?

Yes    No    I am not aware of the San’yas Indigenous Cultural Safety Training program

I have taken other training related to Indigenous Cultural Competency (please specify):

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## 12. Declaration

I solemnly declare:

- That all the information provided in this application is true;
- I understand that false or misleading information may result in a review of my registration, or may be cause for revocation of any registration for which may be granted to me;
- I will ensure to always carry valid liability insurance if I am a full or interim registrant, and that I will provide a copy of my liability insurance when requested by the College for verification purposes;
- I will practice at all times in compliance with the *Health Professions Act*, the Physical Therapists Regulations and the Bylaws, Practice Standards and the Code of Ethical Conduct of the College of Physical Therapists of British Columbia.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This information is collected pursuant to the Health Professions Act, article 20(2). The information is held in a personal data bank accessible only by officers and employees of the College. A registrant may access the information contained in their own member file in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. General information regarding registrants is available to the public and is published annually.**

**The College is required to maintain a public register. Your name, registration status and business information may be provided upon request (Section 22 HPA).**

ORDER TO ATTEND HEARING OF DISCIPLINE COMMITTEE

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IN THE MATTER OF THE COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

and

IN THE MATTER OF A HEARING PURSUANT TO SECTION 37 AND/OR SECTION 44 OF THE *HEALTH PROFESSIONS ACT* INTO THE CONDUCT OF

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ORDER

TO:

TAKE NOTICE that you are required to attend to testify as a witness at the time, date and place set out below, pursuant to the provisions of section 38 and/or section 44 of the *Health Professions Act*, S.B.C. c. 50. You are also required to bring with you all documents in your possession or power relating to the matters in question in this proceeding.

Please note the provisions of the *Health Professions Act* and the bylaws of the College Physical Therapists reproduced on the back of this Order.

TIME:

DATE:

PLACE:

Dated:

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Member, Panel of the Discipline Committee  
responsible for the conduct of the hearing



**APPLICATION FOR A HEALTH PROFESSION CORPORATION PERMIT**

Full Legal Name of Corporation: \_\_\_\_\_  
(from Certificate Of Incorporation)

\_\_\_\_\_ = "Corporation"

Name(s) of registrant(s) with the permit for this Corporation:

\_\_\_\_\_ = "Applicant(s)"

Designate mailing address (**one only**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**List all Clinics owned by corporation**, include correct legal name and all contact information (attach a separate page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I am/We are applying under the *Health Professions Act* to the College of Physical Therapists of British Columbia for a renewal of my/our health profession corporation permit so that the Corporation may carry on the business of providing physiotherapy services to the public.

**I/WE DECLARE THAT:**

1. **Registration:** I am a member/We are members in good standing of the College of Physical Therapists of British Columbia.
2. **Incorporation:** The Corporation is incorporated under the *B.C. Business Corporations Act*.
3. **Good standing:** The Corporation is in good standing with the Registrar of Companies.
4. **Voting shares:** All of the issued and outstanding voting shares of the Corporation are legally and beneficially owned by registered physical therapists.
5. **Non-Voting shares:** All of the issued and outstanding non-voting shares of the Corporation are legally and beneficially owned by individuals who are qualified to own such shares under section 43(1)(d) of the *Health Professions Act*;
6. **Shareholders:** The shareholders of the Corporation are:

Full name	Address	Shares	If a voting shareholder, <u>College</u> registration number	If non-voting shareholder, relationship to applicant
		1) Number: _____ 2) Class: _____ 3) Status ( <b>select one</b> ): Voting <input type="checkbox"/> Nonvoting <input type="checkbox"/>		

\*Please answer all **three** questions: If in doubt, contact your lawyer, College staff cannot assist you and may not provide you with the answer you gave the previous year.

7. **Directors:** All of the directors of the Corporation are registered physical therapists.

8. **Individuals practising:** The only individuals who intend to practise physiotherapy on behalf of the Corporation are the following registrants of the College of Physical Therapists of British Columbia: **(include the owner(s) if appropriate)**

<i>Full name</i>	<b>College* registration number</b>

\*College not CPA registration no.

9. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of physiotherapy services or services that are directly associated with the provision of physiotherapy services, that would, for the purposes of the *Income Tax Act (Canada)*, give rise to income from business.
10. **Voting agreements:** None of the shareholders of the Corporation will enter into a voting trust agreement, proxy or any other type of agreement that vests in another person, who is not a registrant qualified to hold shares in the corporation, the authority to exercise the voting rights attached to any or all of the shares.
11. **Insurance:** The Corporation has arranged to provide liability insurance of at least \$3,000,000 per occurrence per year for each registrant practising on behalf of the corporation.
12. **Accuracy of application:** I/We have personal knowledge of the declarations contained in this application and of the information I/we have added in completing this form, and I/we declare that the declarations and information are accurate and complete.

**I/WE ACKNOWLEDGE THAT:**

- (a) Under the *Health Professions Act* the liability for professional negligence is not affected by the fact that a registrant is practising physiotherapy as an employee of a health profession corporation.
- (b) The fact that I/we will be practising on behalf of a corporation does not in any way affect, modify or diminish the application of the *Health Professions Act*, Physiotherapist Regulation, or Bylaws, or Clinical Practice Statements or Advisory Statements issued by the College.

(c) The president of the corporation, or his or her designate, must advise the College promptly in writing of any changes to the information contained in this permit application.

**I/WE ENCLOSE:**

- (a) a certified true copy or original certificate of Certificate of Incorporation and any Change of Name Certificate for the Corporation from the Registrar of Companies, and
- (b) credit card information for the \$275.00 permit fee

I consent the CPTBC to process the authorized amount via <b>Credit Card</b> (Visa, or Mastercard)	
<input type="checkbox"/>	<b>Name on the Card:</b>
	<b>Card Number:</b>
	<b>Expiry Date:</b>
	<b>Amount:</b>
	<b>Signature:</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature\*

**\* IF YOU REQUIRE ADDITIONAL SIGNATURE /DATE LINES, PLEASE ADD ANOTHER PAGE**

<b><u>For office use only</u></b>	
Date Received:	
Fees: Cheque	Credit Card
Amount Received:	
Approved By:	Date Approved:
Permit Number:	



**CPTBC**

College of Physical Therapists  
of British Columbia

**FORM 9**

Permit Number:

I CERTIFY THAT

is permitted to carry on the business of providing physiotherapy services to the public in accordance with the provisions of the *Health Professions Act* of British Columbia and the College's Bylaws, until the earliest of:

- (a) the expiry date set out below,
- (b) the date on which this permit is revoked under section 44 of the *Health Professions Act*, or
- (c) the date on which the sole voting shareholder of the corporation dies or otherwise ceases to be a member of the College of Physical Therapists of British Columbia.

Effective Date:

\_\_\_\_\_  
Registrar

**CORPORATION RENEWAL FORM**

**GENERAL**

Corporation permits are valid for one year, from April 1 – March 31, and must be renewed annually. To renew your corporation permit, please complete the online renewal and pay the \$75.00 CAD permit renewal fee.

Once the renewal is completed and posted by College staff, you may print a copy of your tax receipt and permit certificate by going to your Registrant Login.

If there are multiple registrant owners of the corporation, **select one owner** to complete and pay for the corporation renewal. All corporation owners are expected to be aware and in agreement with the information submitted for the purposes of this corporation renewal.

**REFUND POLICY**

There is no refund of the permit fee.

**PRIVACY STATEMENT**

This information is collected pursuant to the *Health Professions Act*, article 43. The information is held in a data bank accessible only by officers and employees of the College. A registrant owner may access the information contained in their own profile.

**PERMIT NUMBER «RegistrationNo»**

FULL LEGAL NAME OF CORPORATION
«OrgName»

CONTACT INFORMATION
«FormattedAddress»
«MainPhone»

SHAREHOLDERS INFORMATION		
Name of Shareholder	Percentage of Voting shares	Percentage of Non-voting shares
«CurrentClinicShareholders»		

**I/WE DECLARE THAT:**

1. **Registration:** I am a member/We are members in good standing of the College of Physical Therapists of British Columbia.
2. **Incorporation:** The Corporation is incorporated under the *B.C. Business Corporations Act*.
3. **Good standing:** The Corporation is in good standing with the Registrar of Companies.
4. **Voting shares:** All voting shares of the Corporation are legally and beneficially owned by registered physical therapists.
5. **Non-Voting shares:** All non-voting shares of the Corporation are legally and beneficially owned by individuals who are qualified to own such shares under section 43(1)(d) of the Health Professions Act
6. **Directors:** All of the director of the Corporation are registered physical therapists
7. **Individual practicing on behalf of the corporation** are full registrants of the College or are under the supervision of a full registrant of the College. The Corporation will ensure that each registrant practising on behalf of the corporation has liability insurance of at least \$3 000 000 per occurrence per year
8. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of physiotherapy services or services that are directly associated with the provision of physiotherapy services, that would, for the purposes of the Income Tax Act (Canada), give rise to income from business.
9. **Accuracy of application:** I/We have read the instruction contained in this application and I/we declare that the declarations and information provided are accurate and complete.

**I/WE ACKNOWLEDGE THAT:**

- (a) Under the Health Professions Act the liability for professional negligence is not affected by the fact that a registrant is practising physiotherapy as an employee of a health profession corporation.
- (b) The fact that I/we will be practising on behalf of a corporation does not in any way affect, modify or diminish the application of the Health Professions Act, Physiotherapists Regulation, or Bylaw or Clinical Practice Statements or Advisory statement issued by the College.
- (c) The president of the corporation or his or her designate must advise the College promptly in writing of any changes to the information contained in this permit application.
- (d) Where there are multiple registrant owners of a corporation, only one registrant owner is required to complete the permit renewal on behalf of all the owners of the Corporation. In completing this corporation renewal, all owners are aware of and in compliance with the above.

**All owners of the Corporation have read and understand these declaration. I/We understand that a false or misleading answer or information may be cause for revocation of the health profession corporation permit. By checking this box, all owner of the corporation are declaring agreement with the above. The checked box is as binding as my signature.**

**FORM 11**

**COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA**

#900 – 200 Granville Street  
Vancouver, BC V6C 1S4

Ph: (604) 742-6556  
Fax: (604) 357-1862

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**KEEP THIS RECEIPT FOR INCOME TAX PURPOSE**

**RECEIVED FROM:**

NAME  
ADDRESS

**Amount:** 275.00  
**For:** Incorporation 2019  
**Received:** Date

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**Authorized Signature**