Policy Title: **Language Proficiency** **Applies to: Physical** **Therapy**	**Replaces former policy:** ☒ Title: CPTBC 07 Language Proficiency Policy ☐N/A
	Date Effective: 2024-06-28
	Last Update: Select date
Contact: Name of Policy Owner	

Policy Statement:

All Applicants to the Designated Health Profession of Physical Therapy ("Applicants") must demonstrate English language proficiency.

Graduation from a Canadian physical therapy education program approved by the College, where the program was completed in English, constitutes sufficient evidence of English language proficiency. This includes the physical therapy education program offered by McGill University but does *not* include programs offered elsewhere in Quebec.

Internationally educated Applicants must meet the English language proficiency requirement as part of the credentialling process conducted by the Canadian Alliance of Physiotherapy Regulators (CAPR).

Where completion of an English language proficiency test is required, the approved tests and minimum scores required are as set out in CAPR Policy 2.2 Language Proficiency (effective April 1, 2023, and as revised in future).

1. Policy Rationale and Purpose:

This policy explains the College's English language proficiency requirements for the Designated Health Profession of Physical Therapy.

2. Policy Scope:

This policy applies to Applicants to the Designated Health Profession of Physical Therapy.

3. Legal Authority:

- *Health Professions Act*
- CHCPBC Bylaws, Schedule 6, 3.1.5

4. Key Partnerships:

- Canadian Alliance of Physiotherapy Regulators (CAPR)

5. Definitions:

N/A

6. Process Check:

☒ Board Policy Framework
☐ Safe Spaces Playbook
☐ Other:

7. Resources/References:

N/A

Reviewed by the Board on:		Select date		☒ N/A
Reviewed by the Registrar/Deputy Registrar on:		Select date		☐ N/A
Date Approved Select date	**Approved By** ☐ Board ☐ Committee (*Name of Committee*) OR Name *Full Name* Title *Title*			
Date Effective Select date	**Revision history**	**Last Updated:** **Previous Update:** **Previous Update:**	Select date Select date Select date	
Next Review Select date				
Drafted by: Name *Name*		Title *Title*		