



Registration Renewal Frequently Asked Questions

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System Requirements

Which device and browser works best with online renewal?

- Laptops, desktops, tablets, notebooks, and smartphones are all compatible, but a larger device or screen is best.
- Chrome and Edge browsers recommended.

Logging In

How do I log in?

- From the link in the renewal email, or
- From the registrant login page on the website:
<https://cptbcv6.alinityapp.com/Client/Account/Login>

What is my College (Alinity) username/login name?

- The email address associated with your College (Alinity) account.

What if I can't remember which email address I use for my log in?

- It's most likely the email address that has received the most recent correspondence from the College.
- If you're still not sure, try your other email addresses.



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- If you still can't log in or have changed your email account recently, please email registration@cptbc.org and include your full name, registration number or birth date and the email address you want associated with your College (Alinity) account.

What if I can't remember my College (Alinity) password?

- Use the '[Forgot your password?](#)' feature on the login page:

Login

Email or member #

Password

Login

Don't have an account? Please [Sign up](#)

or

[Forgot your password?](#)

Other login issues? Call 604-742-6556 Mon-Fri 8:30AM-4:30PM

- Enter your email address and the code on the right and submit to request a password reset.

Reset Password

Enter the email address associated with your Alinity account, then click Submit. We'll send an email to the email address associated with your account with a link to a page where you can create a new password.

Email address

Enter the code on the right

HFBMAU
Click to change

Submit



I changed my College (Alinity) password, and I still can't log in!

- Please allow a few minutes for Alinity software to update.
- You can also try clearing your browser history, privacy settings or using a different browser or device.

I haven't received an email to change my password.

- Check your spam, promotion, and junk folders.
- Do you have multiple email addresses (work, personal)? Try your alternate email address.

Why do I also have to enter a code after I've entered my password?

- The College uses two factor authentication to protect your information. You may be asked to enter a code that has been sent to your email address.
- The code usually arrives quickly, but if it doesn't, check your junk/spam folder and ensure you are checking the correct email address.
- Clicking 'send new code' will generate a different code and render the previous one invalid.

CPTBC Registrant Portal

We just want to make sure it's you

We have sent the code to your email address on file, if you don't receive it shortly please check your junk folders as well. Once you have the code enter it exactly as shown in the email to authorize this browser.

Enter the code sent to you

Validate

Send new code

Other issues? Call 604-742-6556 Mon-Fri 8:30AM-4:30PM



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Workplace Information

How do I add a new clinic/employer/ workplace for employment in BC?

- Within the Employment section– click ‘Add’ and the employment section will open.
- Complete the required information in the text boxes.

What if I don’t see my clinic/employer/ workplace name in the drop-down list?

- The drop-down list search is exact; if you spell the name differently, use an acronym or change punctuation, the name won’t appear.
- Enter part of the name only; less is more.
- Wait for the search results to appear and select the clinic/employer/ workplace name.
- Double check that you are in the ‘Employment in BC’ section.

I did what you suggested, but I still don’t see the clinic/employer/ workplace name!

- The organization needs to be added to the College database:
 - If the name doesn’t appear in the drop-down list, check the ‘Not listed’ box. A new section (titled ‘Unlisted Employer Information’) will appear. Fill in the information; fields with a red asterisk are mandatory
- The College must confirm the address you provide. After you submit the renewal form, the College will add the organization to the database; this may take 1-2 business days. See example below:



Add Click here to add additional employment(s) **In BC**

Employment 🗑️

Organization * Clinic owner?
 Yes No

You must select an item from the list

Not listed

* Start date End date Contact phone

* Title/position * Status * Category

* Main area of practice

Unlisted Employer Information

* Employer name * Street address

* Employer phone # * City, province, and country

* Postal code

I no longer work at a clinic/employer/workplace, how do I delete it?

- Employment cannot be deleted but you may archive it:
 - Select 'Yes' for the question "Has any of the information changed? " and the employment section will open.
- Enter your last day of work under 'End Date'.
- Add your practice hours for the past registration year.

*** Has any of the information declared above changed? If your **Title/position, Status, Category, or Main area of practice** has changed, select 'Yes' below and update that information. If you are no longer at this employment, select 'Yes' below and enter the **End Date**.**

Yes No

Start date End date Contact phone * Clinic owner?
 Yes No

* Title/position * Status * Category



How do I add employment outside of BC?

- Click on the 'Add' button under the 'Outside BC' employment section.
- It is likely the organization won't be in the database.
- Start by typing part of the employer/ clinic/ workplace name in the organization box and wait for the search results. If you see the name, select it.
- If the name doesn't appear, tick the 'Not listed' box and then fill in the information for that unlisted employer. Add practice hours. Do not enter an end date unless you have already ended that work. Do not enter a future date.
- See example below for both options:

Add Click here to add additional employment(s) **outside BC**

Employment 🗑️

Organization

You must select an item from the list

Not listed

* Start date	End date	Contact phone
<input type="text" value="yyyy-mm-dd"/>	<input type="text" value="yyyy-mm-dd"/>	<input type="text" value="Example: 403-555-5555"/>

Unlisted Employer Information

* Employer name	* Street address
<input type="text"/>	<input type="text"/>
* Employer phone #	* City, province, and country
<input type="text" value="Example: 999-999-9999"/>	<input type="text"/>
	* Postal code
	<input type="text" value="Ex: T5X 5X5"/>

*Please enter practice hours that you have worked in this organization between **01-Jun-2023 - 31-May-2024**. If you have no hours to log for this organization, enter 0.*

"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. Keep in mind that a whole number must be used.

* Practice hours



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Practice Hours

What are practice hours?

- Paid and professional activity hours spent in physical therapy practice or other activities resulting from possessing physiotherapy or physical therapy credentials and experience which may include clinical practice, research, administration, teaching or academic positions, and consulting.
- Practice hours are accrued by full and interim registrants of the College.
- Practice hours do not include vacation, statutory holidays, leave of absence, volunteer time, continuing education or courses.

How many practice hours are required?

- 1200 practice hours (per the above definition) total in the 5 years preceding renewal or reinstatement.

What dates do I use to count my practice hours?

- Count your practice hours accrued between June 1 to May 31.

How do I adjust my historical practice hours?

- The College can only consider updates of practice hours for the *previous* registration year.
- Email registration@cptbc.org the adjusted practice hours for each employer, your registration number and full name. We will follow up with you if we require additional information.

Private Individual Professional Liability Insurance (PLI)

What insurance document and information do I need to complete my renewal?

- A current PLI policy certificate (proof of valid private, individual professional liability insurance in the amount of at least \$3 million per occurrence.) You do not need to upload or send us the certificate during renewal, but we might ask to see it later.
- You will need the name of your insurance provider, the policy number, and the expiry date.
- Full and interim registrants must always have insurance coverage regardless of work status (not employed, maternity leave, working outside of BC, private or public practice, etc.)



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Where can I find a list of insurers for PLI?

- BMS (through CPA): <https://physiotherapy.ca/professional-liability-insurance>
- Physiosure/ Trisura: <https://www.hubinternational.com/en-CA/programsassociations/physiotherapists/>
- Zensurance: <https://www.zensurance.com/professional-liability-insurance>
- AON: <https://www.aon.com/canada/aha/physio/index>

What are some examples of where can I identify the Insurance Provider or Policy Number on my PLI?

Canadian Physiotherapy Association

Professional Liability Insurance Program

For the members of the Canadian Physiotherapy Association

QBE Policy Number: **OT22A510A** UMR B1284 OT22A510A

This policy contains a clause which may limit the amount payable. Effected with certain Lloyd's Underwriters through Lloyd's approved Coverholder ("the Coverholder"): BMS Canada Risk Services Ltd. 825 Exhibition Way, Suite 209 Ottawa, ON K1S 5J3

Name insured:
[Redacted]
Canada

You must be a member in good standing and also meet provincial regulatory requirements to practice for this insurance to be valid.

- New
- Renewal X
- Endorsement

Policy Period From: October 01, 2022 **To:** October 1, 2023.

12.01 a.m. standard time at the postal address of the Named Insured stated herein.

TRISURA **HUB**

PHYSIOSURE PROFESSIONAL LIABILITY INSURANCE PROGRAM
CERTIFICATE OF INSURANCE

Certificate No. **PS [Redacted]**

Item 1. Name and Address of the Sponsoring Entity:
Physiosure
675 Cochrane Drive, Suite 200, East Tower
Markham, Ontario L3R 0B8

Item 2. Master Policy Period: From July 1, 2023 to July 1, 2024
12:01 a.m. standard time at the address stated in Item 1.

Item 3. Name and Address of the Named Insured:
[Redacted]

Item 4. Policy Period: From July 1, 2023 to July 1, 2024
12:01 a.m. standard time at the address stated in Item 3.

Item 5. Limit of Liability:

\$5,000,000.00	Per Claim for Coverages A and B (Including Claim Expenses)
\$5,000,000.00	Aggregate Limit of Liability each Policy Period for Coverages A and B (Including Claim Expenses)
\$10,000.00	Aggregate Limit of Liability each Policy Period Privacy and Security Breach Expense Coverage (for Insuring Agreements B, C, D, and E combined)
\$10,000.00	Network Security and Privacy Liability Coverage

Item 6. Deductibles:

Professional Liability	\$0.00	Per Claim
Professional Conduct Legal Expenses Extension	\$500.00	Per Professional Conduct Claim
Privacy and Security Breach	\$1,000.00	Each Privacy Breach
Network Security and Privacy Liability	\$1,000.00	Each Claim

Item 7. (I) Insured's Professional Capacity: Physiotherapist
(II) Additional Covered Modalities: None

Item 8. Premium (100% Minimum and Retained): \$289.00

This Certificate of Insurance is subject to all of the terms, conditions, limitations and exclusions contained in Master Policy No. NPL1003304 issued on behalf of the Sponsoring Entity.
In witness whereof, the Insurer has caused this Certificate of Insurance to be signed by its authorized officer.

HUB International (Canada) Limited | 675 Cochrane Drive, Suite 200, East Tower, Markham, Ontario L3R 0B8 | Tel: 1-800-474-2740 | Email: premium@hubinternational.com
HUB International (Québec) Limited | 1010, rue Sherbrooke Ouest, bureau 2510, Montréal, Québec H3A 2R7 | 514-767-7209

This policy contains a clause that may limit the amount payable.

NPL1003304 (03/22) Physiosure Insurance Company Page 1 of 1



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ZENSURANCE CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER **2. INSURED**

To Whom it May Concern

Purpose: Certificate Holder

3. DESCRIPTION OF OPERATIONS

Operations usual to the business of the Insured as a Physiotherapist

This document is created for the purpose of proof of insurance only for this certificate holder.

4. COVERAGES

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	COVERAGE TYPE	LIMITS OF LIABILITY (Canadian Dollars)	
					LIMIT OF INSURANCE	DEDUCTIBLE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION	Certain Lloyd's Underwriters ZMC	2022/11/26	2023/11/26	General Liability: Employee Benefits Liability	\$2,000,000	\$1,000
				General Liability: Per occurrence	\$3,000,000	\$1,000
				General Liability: Personal Injury Liability	\$3,000,000	\$1,000
				General Liability: Products-Completed Operations	\$3,000,000	\$1,000
				General Liability: Advertising	\$3,000,000	\$1,000
				General Liability: Hired Automobiles	\$50,000	\$1,000
				General Liability: Non-Owned Automobile Liability	\$3,000,000	\$2,500
				General Liability: Tenant's Legal Liability	\$500,000	\$1,000
				General Liability: General Aggregate	\$5,000,000	\$0
				General Liability: Medical Payments - Any one Person	\$100,000	\$0
PROFESSIONAL LIABILITY	Certain Lloyd's Underwriters ZMC	2022/11/26	2023/11/26	Professional Liability: Per Claim	\$3,000,000	\$0
				Errors and Omissions: Aggregate	\$5,000,000	\$0

5. CANCELLATION

N/A

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS **7. ADDITIONAL NOTES**

Zensurance Brokers Inc.
1301 - 200 University Avenue
Toronto ON M5H 3C6

General Proof of Insurance for Vendors, Landlords, and Customers

8. CERTIFICATE AUTHORIZATION

ISSUER: Zensurance Brokers Inc. CONTACT NUMBER(S):
TYPE: Phone NO. (888) 654-6030 TYPE: NO.
TYPE: NO. TYPE: NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: *David Wolf* DATE: Feb. 10, 2023 EMAIL ADDRESS: support@zensurance.com

Annotations: Name of the insurance provider (points to ZENSURANCE); Policy number: Starts with ZMC followed by five digits (points to ZMC).

LLOYDS **Linx**

THE POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE

Effected with Lloyd's Underwriters (hereinafter called "The Insurer") through Lloyd's Approved Coverholder (hereinafter called "The Coverholder"):

Linx Underwriting Solutions Inc., 20 Bay Street, 22nd Floor, Toronto, Ontario M5J 2N9

Insurance Broker: Aon Personal Lines, 2 Sheppard Ave East, 18th Floor, Toronto ON M2N 5Y7

Telephone: [Redacted] *Annotation:* Name of the insurance provider (points to Aon)

Declarations

In consideration of the premium stated, the Insurer(s) will indemnify the Insured in accordance with the terms and conditions of this Policy and attached forms and endorsements. Insurance is provided for only those coverages for which forms and endorsements are attached and specific amounts of insurance are stated.

Insured and Policy Information

Named Insured: [Redacted] Policy No.: HCl [Redacted]

Mailing Address: [Redacted] Replacing Policy No.:

Policy Status: Renewal

Policy Period: 01-Jun-2023 - 01-Jun-2024
Both days at 12:01 a.m. Standard Time at the address of the Named Insured as stated herein

Premium: \$150.00

Currency: CANADIAN DOLLAR

Minimum Retained Premium: \$150.00

Description of Operations or Professional Services: Physiotherapist

Important Information for Insureds

PLEASE READ ALL DOCUMENTS

This Policy is issued and accepted subject to the following provisions, stipulations and conditions which form part of this Policy, together with other provisions, agreements, or conditions which may be endorsed or added.

Signature: [Redacted]

Linx Underwriting Solutions Inc.

Date: 26-May-2023
Issued In: Toronto, Ontario

For Aon's Privacy Policy, please refer to: <http://solutions.aon.ca/linx/privacy.aspx>

Annotations: Name of the insurance provider (points to Aon); Policy Number: Starts with HCl followed by five digits (points to HCl).

Name Changes

How do I change my name?

- Within the personal section – click 'Add' and a name change section will open.
- Complete the required text boxes.
- Upload a marriage certificate OR legal name change document.
- The document will be reviewed and approved by the College.
- If you work in private practice you will be emailed for further documentation as required by MSP.
- See example:

Add Click to request a change to your legal name

Name change

* Legal first name Legal middle name(s) * Legal last name

* Supporting documentation

Click here to upload a supporting document from your computer



Payment

Can I save the renewal and finish it later, or pay later?

- Yes, but you will continue to receive email reminders until you complete the payment.
- Please start with the employment updates and Annual Self Report (ASR) as soon as possible.

How do I pay the renewal fee?

- The invoice and link to pay will appear once the renewal is successfully completed.
- If your renewal was sent to the College for review, you will receive an email after it has been approved with a link to complete payment.
- Avoid clicking the back button or refreshing the page while payment is being processed.
- Visa and Mastercard credit cards are accepted.
- Debit cards will be declined.
- See example below:

* First name on card * Last name on card

* Home # and street only (for account, no apt #)

* Postal/ZIP code

Total charge
\$500.00

When you click Pay you will be shown a dialog that will let you enter your credit card details through Elavon. Please ensure your name and address you've entered above are the ones used for the credit card you intend to pay with. You will have 15 minutes after clicking Pay to complete your transaction.

When will you email my receipt and permit?

- Once payment is complete, you can print or download your receipt and permit anytime from your College account.
- Toggle on the 'Paid invoices' box to access your recent receipts.
- Current permit and invoice are found on the center of your home page.
- Look for historical receipts under 'My Documents'.
- See example below:



Home

My documents

My groups

My profile

Back to main site

Powered by Alinity

Home

Active and Future Permit

Full Registration

Effective 01-Jun-2023 Expires 31-May-2024

Permit Tax receipt

Full Registration

Effective 01-Jun-2024 Expires 31-May-2025

Permit Tax receipt

Announcements (1)

Registrant eLearning Centre 22-Sep-2023 12:00 AM

Click on "Learn More" to access CPTBC eLearning modules [Learn more...](#)

My Invoices Include paid

Date	Total	Due	
17-Apr-2024	\$500.00	\$0.00	
24-May-2023	\$500.00	\$0.00	
22-May-2022	\$500.00	\$0.00	
13-May-2021	\$500.00	\$0.00	
17-Aug-2020	\$350.00	\$0.00	

7 Invoice(s)

1 2

Your renewal has been submitted. It will be approved once payment is received.

Your credit card transaction was processed successfully.

Annual Self Report

How will you know I have completed the Annual Self Report (ASR)?

- In the ASR menu, when you have completed the required sections, you will see **green checkmarks next to 'ASR Risks and Supports' and 'Your Report'**. We will see if you completed these sections, but we will not have access to your answers.
- The ASR certificate is no longer uploaded to the renewal.