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SECTION 1: Consent for Release of Information

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 Telepractice 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

SECTION 2: Report on Regulatory History

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	
Records Include the Following Information Concerning the Registrant Named Below	
Name of Registrant	
Registration Number	
Date of Initial Registration	
Expiry Date of Current Registration	
Current Registration Status	
Registration Type	
Entry-to-Practice Clinical Assessment (Applicable to Canadian Physical Therapy Regulatory Organizations)	
If the applicant did not complete the PCE clinical examination, what did they complete in your (or another Canadian) jurisdiction to meet the clinical examination requirement?	
<input type="checkbox"/> Provincially administered OSCE <input type="checkbox"/> Practice Assessment <input type="checkbox"/> Structured Interview <input type="checkbox"/> University of Sherbrooke Final Comprehensive Exam	

Other

Does not know/does not apply

If the applicant has not yet met the clinical examination requirement, to the best of your knowledge how many attempts has the applicant had to complete the PCE clinical or any other pathways to an independent practice certificate of registration? Please provide the attempt type and the date if known.

Number of attempts _____

Attempt type and date if known:

Does the applicant currently have any terms, conditions or limitations/restrictions on their certificate of registration? If so, please provide details.

Jurisprudence (Applicable to Canadian Physical Therapy Regulatory Organizations)

Has the applicant completed a jurisprudence exam administered by your organization?

Yes; Date of Exam _____

No

Not Applicable/Not Required

Quality Assurance/Continuing Competency (Applicable to Applicants for Telepractice Only)

Has the applicant met all Quality Assurance/Continuing Competence requirements for your organization?

Yes

No

Current Inquiry

Is the applicant **currently** 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.

Yes

No

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

Previous Inquiry

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

Yes

No

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

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

Reported Criminal Charges and/or Convictions

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

Signatory Information

Name of Signatory and Title

Signatory's Phone Number

Signatory's Email Address

Signature

Signature

Date (mm/dd/yyyy)