



## REGULATORY HISTORY FORM

### SECTION 1: CONSENT FOR RELEASE OF INFORMATION

To be completed by **the applicant** and sent to the regulatory authority to complete Section 2.

Applicant name \_\_\_\_\_ Registration No. \_\_\_\_\_

Profession \_\_\_\_\_ Date of birth \_\_\_\_\_

- ☐ I authorize the regulatory authority below to provide the information in Section 2 requested by the College of Health and Care Professionals of BC (CHCPBC). 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 CHCPBC to be relevant to my application for registration as a physical therapist in British Columbia.

Name of regulatory authority \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

### SECTION 2: REPORT ON REGULATORY HISTORY

To be **completed by the regulatory authority** and **returned directly to CHCPBC**. Forms sent by applicants will not be accepted. Information is valid for three months from the date issued.

Name of regulatory authority \_\_\_\_\_

### REGISTRANT INFORMATION

Registrant name \_\_\_\_\_ Registration No. \_\_\_\_\_

Initial registration date \_\_\_\_\_ Current registration expiry \_\_\_\_\_

Current registration status \_\_\_\_\_

Current registration type \_\_\_\_\_

### 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



## INQUIRY

Is the applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction? An inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing, or appeal.

☐ Yes

☐ No

If **Yes**, provide details—including whether there are current terms, conditions or restrictions on the applicant's licence because of the inquiry or proceeding:

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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**, what was the outcome of the inquiry or proceeding?

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

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## REPORTED CRIMINAL CHARGES OR CONVICTIONS

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

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## SIGNATORY INFORMATION

Signatory name and title \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Signatory signature \_\_\_\_\_ Date signed \_\_\_\_\_