



# Application *for* Courtesy Registration Form

FOR APPLICANTS APPLYING FOR COURTESY REGISTRATION

For more information please refer to the APPLICATION for REGISTRATION Guide and Checklist.

## Personal Data

Last name: \_\_\_\_\_ Previous last name: \_\_\_\_\_  
(if applicable)

Given names: \_\_\_\_\_

Home address: \_\_\_\_\_

Apt./Box #: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province, Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Birth Date: mm/dd/yyyy \_\_\_\_\_ Gender:  Female  Male

## Purpose

Please indicate the purpose for which you are applying for Courtesy Registration.

- To teach a course in Ontario
- To participate in a course in Ontario
- To participate in a research project in Ontario
- To participate in a specific event in Ontario

Please indicate the name of the course, project or event:

\_\_\_\_\_

Please indicate the dates (mm/dd/yyyy– mm/dd/yyyy)  
for which Courtesy Registration is required:

\_\_\_\_\_

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_

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

Registration Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

## Education

**Physiotherapy/Physical Therapy education:**

Title of Credential	Year	Institution	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Professional Registration

**PHYSIOTHERAPY: Were you previously registered in Ontario?**

- Yes: Dates of registration \_\_\_\_\_ to \_\_\_\_\_ Registration No. \_\_\_\_\_
- No

**Indicate other locations outside of Ontario where you have practised physiotherapy or where you are/were registered/licensed to practise as a physiotherapist**

Regulatory Body	Location	License/Reg. No.	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Professional Conduct

**If you answer YES to any of the following questions please provide additional information.**

Have you ever had a finding of professional misconduct, incompetence or incapacity against you in another jurisdiction?

- No  Yes: Where: \_\_\_\_\_ When: \_\_\_\_\_
- Additional information: \_\_\_\_\_

Have you ever had an application for a physiotherapy practice certificate or license refused?

- No  Yes: Where: \_\_\_\_\_ When: \_\_\_\_\_
- Additional information: \_\_\_\_\_

Have you ever had a physiotherapy practice certificate or license revoked?

- No  Yes: Where: \_\_\_\_\_ When: \_\_\_\_\_
- Additional information: \_\_\_\_\_

Have you ever been found guilty of a criminal offense or an offense related to the practice of physiotherapy?

No       Yes:      Where: \_\_\_\_\_ When: \_\_\_\_\_  
Additional information: \_\_\_\_\_

## Practice Hours

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Please indicate your practice hours for the last five years. A definition of practice hours can be found in the Guide.

Year	Practice Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Professional Liability Insurance

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Physiotherapists involved in patient care are required to hold professional liability insurance that meets the requirements related to professional liability insurance as described in the APPLICATION for REGISTRATION Guide.

I am compliant with the College's position on professional liability insurance.

## Additional information

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Please provide any additional information that you want the College to be aware of:

## Fees

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Please mark the applicable amount.

### Application Fee

- Application Fee (\$100)
- No application fee as I have held a previous certificate of registration in Ontario within the last year  
There is no Registration Fee for Courtesy Registration.

Please indicate how you will be paying your application fee.

- Cheque
- Money Order
- Visa
- MasterCard

Credit Card Payment: If paying by Visa or MasterCard, please provide the following information:

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Declaration

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- I hereby certify that the statements made by me in this application and its appendices are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Final Review

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Please ensure that you review the checklist at the end of your APPLICATION for COURTESY REGISTRATION Guide to determine which documents you are required to submit.