



APPLICATION *for* REGISTRATION

FOR NEW APPLICANTS AND CURRENT REGISTRANTS SWITCHING CATEGORIES OF 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:	_____
	(if applicable)		
Province, Country:	_____	Postal Code:	_____
Telephone:	_____	Email:	_____
Birth Date:	_____	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
	mm/dd/yyyy		

Registration Category

Complete an application form for ONE of the following categories and submit with this **APPLICATION *for* REGISTRATION**:

- 1. Independent Practice
- 2. Provisional Practice
- 3. Academic Practice
- 4. Teaching Practice

Eligibility to Work in Canada

Please check the category that applies to you:

- I am a Canadian Citizen
- I am a Permanent Resident/
Landed Immigrant of Canada
- I have a valid work permit which allows me
to work in Physiotherapy in Canada

Work Permit Expiry Date: _____
mm/dd/yyyy

Language

I can provide physiotherapy services in:

- English French
- Other _____

I prefer to receive College documents in:

- English French



Education

Physiotherapy/Physical Therapy education:

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

Exam

I have successfully completed the Physiotherapy Competency Examination (PCE).

- Yes:** Date of Completion: _____
- No:** Which of the following statements applies to you?:
- I was registered/licensed as a physiotherapist in a Canadian jurisdiction on December 30, 1993.
 - I have passed the written component of Physiotherapy Competency Exam and am registered to take the clinical component at a future date.
- Date of Exam administration: _____
- I wish to apply the provisions of the CE, ^{ } c at Via @ / Sca [^{ } c
 - None of the above.

Professional Registration

PHYSIOTHERAPY: Were you previously registered in Ontario?

- Yes: Years 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
_____	_____	_____	_____
_____	_____	_____	_____

OTHER HEALTH PROFESSION: Indicate if you are/were registered/licensed to practise another health profession.

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: _____

Employment Status

Please check the appropriate box below to describe your work status.

- Physiotherapy employment secured in Ontario
 Working in physiotherapy outside Ontario
 Not working
 Other _____

If you have indicated that you have employment secured in Ontario, please complete the employment section on your category-specific form for each employment site.

Professional Liability Insurance

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

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

If you are filling out this form electronically, please print out and provide your signature and date manually.

Declaration

- 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.
- I understand that I must notify the College in writing (online, by fax, email or mail) of any change to my address, phone number or employment information within thirty days of the change occurring.

Applicant Signature

Date mm / dd / yyyy

FINAL REVIEW

Please ensure that you submit the additional forms for the Registration category for which you have applied. Each practice certificate has one additional form that must be submitted along with this **APPLICATION for REGISTRATION**

Also, please ensure that you review the checklist at the end of your **APPLICATION for REGISTRATION Guide** to determine which documents you are required to submit.

FOR OFFICE USE ONLY

Date Received: _____

Registration Number: _____

Registration Date: _____

Processed By: _____



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