



Employment Information Update

Personal Data

Last Name: _____ Given Names: _____

Registration Number: _____

Employment Status

Please indicate your current employment status.

- | | |
|---|---|
| <input type="checkbox"/> Working in Physiotherapy | <input type="checkbox"/> Working in Another Field and Not Seeking Work in Physiotherapy |
| <input type="checkbox"/> On Leave | <input type="checkbox"/> Not Working and Seeking Work in Physiotherapy |
| <input type="checkbox"/> Working in Another Field and Seeking Work in Physiotherapy | <input type="checkbox"/> Not Working and Not Seeking Work in Physiotherapy |

Previous Employment Information

No longer employed at: _____

Address: _____

End date at previous location: _____

New Employment Information

A complete business address must be provided. All employment information is public and will be available on the public register.

Primary Employment Site: Yes No Start Date: _____

Facility/Business Name: _____

Business Address: _____

Business City: _____ Business Province: _____

Business Country: _____ Business Postal Code: _____

Business Phone: _____ Business Fax: _____

If there is a different phone number to reach you directly at work please include it here. Please include extension: _____

Position Title:

- | | | |
|---|--|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Administrator | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Instructor/Educator | <input type="checkbox"/> Sales Person |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Researcher | <input type="checkbox"/> Other |
| <input type="checkbox"/> Consultant | | |

Employment Category:

- | | |
|--|--|
| <input type="checkbox"/> Permanent Employee | <input type="checkbox"/> Employee, unspecified |
| <input type="checkbox"/> Temporary (contract) Employee | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Casual Employee | |

Position Status: Full-time Part-time Casual

Description of Place of Employment

Check the one that best describes your place of employment.

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Post-Secondary Educational Institution |
| <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> School or School Board |
| <input type="checkbox"/> Mental Health and Addiction Facility | <input type="checkbox"/> Children's Treatment Centre (CTC) |
| <input type="checkbox"/> Residential/Long-Term Care Facility | <input type="checkbox"/> Other Pediatric Facility |
| <input type="checkbox"/> Assisted Living Residence/Supportive Housing | <input type="checkbox"/> Association/Government/Regulatory or similar |
| <input type="checkbox"/> Community Health Centre (CHC) | <input type="checkbox"/> Health-Related Business/Industry |
| <input type="checkbox"/> Family Health Team (FHT) | <input type="checkbox"/> Other Industry – Manufacturing and Commercial |
| <input type="checkbox"/> Visiting Agency/Business (Client's Environment) | <input type="checkbox"/> Board of Health or Public Health |
| <input type="checkbox"/> Community Care Access Centre (CCAC) | <input type="checkbox"/> Cancer Centre |
| <input type="checkbox"/> Group Health Centre (Sault Ste. Marie only) | <input type="checkbox"/> Telephone Health Advisory Services |
| <input type="checkbox"/> Nurse Practitioner Led Clinic | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Other Group Professional Practice/Clinic | <input type="checkbox"/> Fitness Centre |
| <input type="checkbox"/> Solo Professional Practice/Clinic | <input type="checkbox"/> Other: _____ |

Primary Clinical or Non-Clinical Focus of Practice

Please select only one.

- Clinical Focus on Musculoskeletal System
- Clinical Focus on Neurological System
- Clinical Focus on Cardiovascular and Respiratory System
- Clinical Focus on Skin and Related Structures
- Clinical Focus on More than One System
- Non-Clinical Focus

Will you provide any patient care? Yes No

The College defines **Patient Care** as any component of assessment, analysis of findings or provision of treatments to patients for whom you are directly responsible. This includes the assignment of any portion of care to support personnel. *Note: This includes roles involving assessment, consultation or provision of treatment in schools, industry, fitness centres, occasional weekend or relief work or short-term vacation coverage. Even an interaction with one patient per year is defined as patient care.*

Primary Area of Practice

Please select only one from either Patient Care or Other Area of Direct Service.

- | | |
|---|--|
| <p>Patient Care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Practice <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Burns and Wound Management <input type="checkbox"/> Plastics <input type="checkbox"/> Amputations <input type="checkbox"/> Orthopedics <input type="checkbox"/> Rheumatology <input type="checkbox"/> Vestibular Rehabilitation <input type="checkbox"/> Women's Health/Uro-genital <input type="checkbox"/> Cancer Care <input type="checkbox"/> Geriatric Care <input type="checkbox"/> Chronic Disease Prevention and Management | <ul style="list-style-type: none"> <input type="checkbox"/> Cardiology/Cardiovascular <input type="checkbox"/> Continuing Care/Long-Term Care <input type="checkbox"/> Public Health <input type="checkbox"/> Critical Care/ICU <input type="checkbox"/> Mental Health and Addiction <input type="checkbox"/> Neurology/Neuroscience <input type="checkbox"/> Respiriology/Cardio-respiratory <input type="checkbox"/> Health Promotion and Wellness <input type="checkbox"/> Palliative Care <input type="checkbox"/> Return to Work Rehabilitation <input type="checkbox"/> Ergonomics <input type="checkbox"/> Other Area of Direct Service |
|---|--|
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- | | |
|--|---|
| <p>Other Area of Direct Service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Service Management/Case Management <input type="checkbox"/> Consultation <input type="checkbox"/> Administration <input type="checkbox"/> Teaching (Physiotherapy entry-level) <input type="checkbox"/> Physiotherapy-Related Continuing Education Teaching | <ul style="list-style-type: none"> <input type="checkbox"/> Other Teaching <input type="checkbox"/> Quality Management <input type="checkbox"/> Research <input type="checkbox"/> Sales <input type="checkbox"/> Other Areas of Practice |
|--|---|

Category of Patients

If you provide any patient care, please select one of the following.

- All Ages
 Pediatric
 Adult
 Geriatric

Primary Sector of Employment

- Public Sector
 Private Sector
 Combination of Public and Private
 Unknown