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| **SECTION 1: CONSENT FOR RELEASE OF INFORMATION** |
| This section is to be completed by the applicant and sent to the regulatory authority to complete Section 2. |
| **Applicant’s Full Name** |  |
| **Registration number (with the other profession)** |  |
| **Applicant’s Date of Birth** (dd/mm/yyyy) |  |
| [ ]  **By signing, I authorize the organization** below to provide the information in Section 2 as requested by the College of Physiotherapists of Ontario (the College). I understand and accept that this means they will provide full disclosure of any and all information requested in addition to other information that may be relevant to my application for registration as a physiotherapist in Ontario. |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Profession*  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Applicant Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Signed (dd/mm/yyyy)* |
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| **SECTION 2: REPORT ON REGULATORY HISTORY** |
| **This section is to be completed by the regulatory / licensing authority** and returned directly to the College of Physiotherapists of Ontario by email at registration@collegept.org or by post. Forms sent by applicants will not be accepted.  |
| **Name of Regulatory Authority / licensing body**  |  |
| **Records Include the Following Information Concerning the Registrant / Licensee Named Below** |
| **Name of Registrant / licensee**  |  |
| **Registration Number** |  |
| **Registration** |
| **Initial Date** |  |
| **Expiry Date** |  |
| **Current Registration Status** |  |
| **Licence Type Held** |  |
| **Are there any current terms, conditions, limitation or restrictions on this individuals certificate? (details required)** |  |
| **Has the applicant’s certificate of registration/ license ever been suspended or revoked? (details required)** |  |
| If the individual has not completed the PCE – clinical, what did they complete in your / other Canadian jurisdiction (if known) to meet the clinical exam requirements?  | 1. Provincially administered OSCE
2. Practice Assessment
3. Structured Interview
4. University of Sherbrooke Final Comprehensive Exam
5. Other
 |
| To the best of your knowledge how many attempts has the individual 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). |  |
| According to your records how many practice hours does the applicant have over the last five years? |  |
| **Current Inquiry** |
| Is the Applicant ***CURRENTLY*** involved in an inquiry, investigation or proceeding/process, or quality assurance review respecting their practice, conduct, competence, capacity, or professionalism in your jurisdiction? This can include but is not limited to concerns brought to your attention which have not been resolved, involvement in a quality assurance / management process, hearing, or appeal related to a decision. [ ] **Yes** [ ]  **No** ***If yes,*** provide details *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Previous Inquiry** |
| Was the Applicant ***PREVIOUSLY*** involved in an inquiry, investigation or proceeding/process, quality assurance process respecting their practice, conduct, competence, capacity, or professionalism in your jurisdiction which resulted in actions against the applicant? This can include but is not limited to a matter before any committee or panel, investigation, alternative complaint resolution process, quality assurance / management 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) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Criminal Charges and/or Convictions / Bail conditions** |
| Describe any criminal charges and/or convictions and/or bail conditions, as well as any other outstanding charges against the Applicant that you may be aware of. |
| **Name of Signatory and Title** |  |
| **Name of Regulatory Authority** |  |
| **Signatory’s Phone Number**  |  |
| **Signatory’s Email Address** |  |
| **Signature** |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Issue (dd/mm/yyyy)* |

*This information is valid for 6 months from the date issued.*