**Independent Practice Certificate of Registration—  
Cross Border Physiotherapy**

**Application Checklist**

**Complete and send this Checklist to the College with your application.**

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| Please be sure that all of the items that apply to you are included in your application. | | *College Use Only* |
|  | I have completed the application form. |  |
|  | I have enclosed 2 cheques or a Payment Authorization Form for the application fee and the Certificate of Registration fee. |  |
|  | I have or will get professional liability insurance before I begin to provide patient care. |  |
|  | I am currently registered to practice as a physiotherapist in another Canadian province or territory. I have made arrangements with those regulatory bodies to send Letters of Professional Standing directly to the College. |  |
|  | I have previously or I am currently practicing as a physiotherapist in another province or territory and I have made arrangements with that regulatory body to send a Letter of Professional Standing directly to the College of Physiotherapists of Ontario. |  |
|  | I understand that I am granted an Independent Practice Certificate of Registration—Cross Border Physiotherapy, I will only provide care to Ontario patients for the purpose of continuing to provide care for those whose physiotherapy began in another province and who would benefit from continued and time-limited service in Ontario or where services are not available in Ontario but would benefit patients. |  |

**Please send this Checklist to the College of Physiotherapists of Ontario, along with your completed application.**