

# NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

P.O. Box 21351 St. John's, Newfoundland and Labrador, Canada A1A 5G6  
Phone: 709-753-6527 Fax: 709-753-6526 E-mail: collegept@nf.aibn.com

## APPLICATION FOR CONDITIONAL REGISTRATION – P.C.E. CANDIDATES

### CONDITIONS OF REGISTRATION

#### Qualifications and Requirements for Conditional Registration

An applicant for Conditional Registration must:

- be a graduate of an approved physiotherapy program,
- have passed the qualifying portion of the Physiotherapy Competency Examination ("PCE"),
- be registered for the next available sitting of the clinical component of the PCE, and
- satisfy any other requirement imposed by the Council of the College ("Council") from time to time.

An application for Conditional Registration must be submitted to the Registrar of the College together with the following:

- a letter of good standing from the governing body where the applicant currently practices or last practiced,
- payment of required registration fees,
- notarized proof of degree/diploma
- certificate of conduct from local policing authority
- proof of passing the qualifying portion of the Physiotherapy Competency Examination,
- proof that the applicant is registered for the next sitting of the clinical portion of the PCE, and
- such other documentation or proof as specified by the Registrar.

Upon notification by the Registrar of the acceptance of the application for Conditional Registration, the applicant shall deliver to the Registrar:

- a Conditions of Practice form signed by the applicant and Mentor.
- proof of Canadian Physiotherapy Association membership,
- proof of malpractice insurance for the term of the conditional license,

Subject to the terms and conditions of Conditional Registration, the Applicant covenants and agrees as follows:

1. To practice physiotherapy in accordance with the Conditions of Registration for the stated period and under the conditions set out in the **Conditions of Practice** (attached) set down by the College.
2. That she/he will not practice physiotherapy except under the Conditions of Practice.
3. To abide by the Physiotherapy Act and Regulations and related governance, including the Standards of Practice, of the College.
4. To notify the College within 3 working days of receiving notice of failing the Physiotherapy Competency Examination.
5. To abide by such other conditions as may be imposed by the College from time to time.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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**CONDITIONAL REGISTRATION – P.C.E. CANDIDATES**

**CONDITIONS OF PRACTICE**

I, \_\_\_\_\_,  
(hereinafter "Applicant")

agree to comply with the terms and conditions herein contained:

1. The Conditional Registration shall expire one year from the date of Conditional Registration, or earlier as determined by the Council and the Conditions herein (the "Term");
2. The Applicant voluntarily binds herself/himself to a member of the College ("Mentor") to practice physiotherapy under the supervision and guidance of the Mentor in accordance with these Conditions of Practice for the Term.
3. The Applicant covenants that she/he will not practice physiotherapy except under the supervision and guidance of the Mentor and will practice at the same site and at the same hours as the Mentor during the Term.
4. In the event that the Mentor is not available for a limited time (e.g. due to vacation or sickness), the Applicant will inform the Registrar and will ensure that another member of the College, acceptable to the Registrar, is available to carry out the terms and conditions herein.
5. The Conditional Registrant and the second Mentor will sign another "Conditions Of Practice" form and forward it to the Registrar.
6. If the Applicant does not successfully complete the Physiotherapy Competency Examination, the College may revoke or put further conditions on the Applicant's Conditional Registration.
7. The Applicant shall notify the College within three business days if she/he fails any sitting of the Physiotherapy Competency Examination.

I, \_\_\_\_\_ College Registration # \_\_\_\_\_,  
(a member of the College with a minimum of one year "active" registration status and without conditions on her/his registration, hereinafter "Mentor"),

agree to be a Mentor to \_\_\_\_\_, the Applicant, in compliance with the terms and conditions herein contained:

1. The Mentor will ensure adequate and appropriate supervision and guidance of the Applicant in physiotherapy practice. The Mentor and the Applicant shall meet a minimum of once per week and will practice at the same site and at the same hours. The Mentor will be available for consultation and advice while the Applicant is practicing physiotherapy.
2. The Registrar, on behalf of the College, may request regular reports from the Mentor with regard to the Applicant's practice of physiotherapy.
3. The Mentor will allow the Applicant time off from duties to enable the Applicant to participate in the Physiotherapy Competency Examination.
4. The Mentor will inform the Registrar of any breach of the College's Standards of Practice by the Applicant in a timely manner.
5. Mentorship in a private facility has to be in a clinic with an up to date registration with the College.

The Mentor and the Applicant will notify the Registrar immediately if this agreement is terminated for any reason or if either the Mentor or the Applicant is not able to meet the terms of this agreement. The Applicant understands that if either party does not meet the terms of this agreement, the Conditional Registration may be revoked or further restricted. Both parties understand that the Conditional Registration may be revoked if either the Mentor or Applicant is under investigation or disciplinary action by the College or any other competent governing body.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mentor's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Approved by the College (Registrar's Signature)

\_\_\_\_\_  
(Date)