

NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

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TO: Newfoundland and Labrador College of Physiotherapists (College)

RE: Temporary Registration for Physiotherapy Course Instructor:

NAME: _____

Address: _____

Tel.: _____ Fax: _____ E-mail: _____

COURSE: _____

FROM (Date): _____ **TO (Date):** _____

UNDERTAKING

In consideration of the granting of a Temporary License by the College to the undersigned for the purpose of instructing the _____ course.

The undersigned agrees to the following:

1. Will provide proof of registration in the jurisdiction in which currently registered;
2. Will provide proof of malpractice insurance;
3. Will provide physiotherapy services in the province of Newfoundland and Labrador only to and in connection with consenting patient models (including parents and/or guardians where necessary), course participants and other persons connected with the delivery of the _____ course;
4. Will not provide physiotherapy services anywhere in the province of Newfoundland and Labrador except as permitted in #3 above.

Signature of Applicant

Date

(Registrar Signature indicates Approval)

Date