

**NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS**

P. O. BOX 21351 ST. JOHN'S, NL, CANADA A1A 5G6

Telephone: 709-753-6527 Fax: 709-753-6526 E-mail: collegept@nf.aibn.com

**APPLICATION FOR REGISTRATION OF A PHYSIOTHERAPY CLINIC**

Registration Number: \_\_\_\_\_

1. Name of Clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Fax) \_\_\_\_\_ E-mail: \_\_\_\_\_

2. TYPE OF BUSINESS: Is the business a:

(Tick one) \_\_\_\_\_ Proprietorship? \_\_\_\_\_ Partnership? \_\_\_\_\_ Corporation?

If incorporated: Date of Incorporation: \_\_\_\_\_;

Corporation Name: \_\_\_\_\_; Incorporation Number: \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. CONTACT INFORMATION: Principle Contact: \_\_\_\_\_

Name: \_\_\_\_\_; Title: \_\_\_\_\_; Phone: \_\_\_\_\_

4. SHAREHOLDERS; (if a Partnership list OWNERS)

If a Partnership indicate percentage of Ownership in space for Number of Shares\*.

| NAME | ADDRESS | Number (%)<br>of Shares: | Class<br>of Shares: | Number<br>of Votes: |
|------|---------|--------------------------|---------------------|---------------------|
|------|---------|--------------------------|---------------------|---------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please enter names, addresses and other Shareholder information (including beneficial shareholders) on separate page, if applicable.

5. DIRECTORS:

Name: \_\_\_\_\_ Residential Address: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please enter names, addresses and other Directors information on separate page, if applicable.

6. OFFICERS:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please enter names, addresses and other Officers information on separate page, if applicable.

**7. PHYSIOTHERAPISTS ON STAFF:**

|              |                             |                           |                        |
|--------------|-----------------------------|---------------------------|------------------------|
| <b>Name:</b> | <b>Registration Number:</b> | <b>Employee/Contract:</b> | <b>Hours per week:</b> |
| 1. _____     | _____                       | _____                     | _____                  |
| 2. _____     | _____                       | _____                     | _____                  |
| 3. _____     | _____                       | _____                     | _____                  |
| 4. _____     | _____                       | _____                     | _____                  |

Please enter names, addresses and other Physiotherapists information on separate page, if applicable.

**8. Is there a shareholders' agreement? \_\_\_\_\_ Yes: \_\_\_\_\_ No.**

If there are terms of the shareholders' agreement which affect the ownership of the clinic please provide them.

**9. Clinic Malpractice Insurance Carried:** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
 (Minimum Required \$5,000,000)

**Company:** \_\_\_\_\_

**STATEMENT OF COMPLIANCE:**

\_\_\_\_\_ (Clinic) acknowledges that its is in full compliance with the requirements of the College in respect of the registration of the Clinic under the Physiotherapy Act as a clinic authorized to provide physiotherapy services only through members of the College and that the Clinic is in full compliance with the College's Guidelines for Clinics.

Further, the Clinic has in place an up to date set of standards and policies approved by the College for the provision of physiotherapy services, including:

1. Standards of Practice for Physiotherapists;
2. Guidelines for Use of Support Personnel;
3. Policies and Procedures Manual with written policies on:
 

|  |   |
|--|---|
| (i) Fee Schedules                          | (vi) Supervision Model                      |
| (ii) Billing Practices                     | (vii) Record Keeping                        |
| (iii) Cancellation Policies                | (viii) Use of Support Personnel             |
| (iv) Job Descriptions for Physiotherapists | (ix) Job Descriptions for Support Personnel |
| (v) Equipment Calibration                  | (x) Privacy of Client Health Information.   |

**CLINIC:** \_\_\_\_\_

**Per:** \_\_\_\_\_  
(Name and officer of Clinic)

**Per:** \_\_\_\_\_  
(Name and officer of Clinic)

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_