

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 Website: <http://nlcpt.com/>

GUIDE TO COMPLETING THE 2019 RENEWAL OF REGISTRATION FORM

Please read this guide carefully.

GENERAL INFORMATION:

Print your renewal form which is attached to the email from the College.

Check and update each section, sign and submit the scanned completed form to the College via email (preferred) or regular mail by **January 31st, 2019**.

Please make payment online via Paypal or by cheque or money order submitted to the College.

The 2019 registration year is from **March 1st, 2019 to February 29th, 2020**.

The registration fee for 2019 is pro-rated: **\$325** from March 1st, 2019 to February 29th, 2020.
\$248 from July 1st, 2019 to February 29th, 2020 and
\$165 from Nov 1st, 2019 to February 29th, 2020.

Note: The fee for an Inactive Registration is **\$55** which is deductible from the prorated fee if a member wishes to change to Active before the end of the registration year.

Renewals must be received by the College no later than January 31st, 2019 to avoid a \$100 late penalty fee.

The College cannot alter or complete information omitted from your signed renewal form. Members may call the College for assistance with completing the form.

PART A – REMOVAL/INACTIVE:

Part A is designed to allow members who are either NOT renewing their registration or wishing to change to an INACTIVE STATUS to inform the College of their intention.

REMOVAL: *Members who do not plan to renew their registration for the 2019 registration year may indicate so and sign. See Section 9 (b) and (c) to report Practice Hours for 2018 or Continuing Competence records and letters of good standing to other Canadian regulatory jurisdictions.*

INACTIVE: *Members who wish to change to/or maintain an Inactive Status for the 2019 registration year may indicate so and report Practice Hours for 2018 as instructed above. Inactive members shall use the designation Physiotherapist but shall not practice physiotherapy. Inactive Members must meet the requirements for active membership except they do not require CPA membership or malpractice insurance. To become active again they must contact the College and provide proof of CPA membership and malpractice insurance.*

PART B - RENEWAL:

Your renewal form includes information on file for the registration year 2018 in each section. Please make updates or changes for 2019 in the corresponding section. Updated information on member's renewal forms is the source for the College's contribution to human resource planners and the Facilities List.

MEMBERSHIP INFORMATION:

Enter changes to Name; Address; Telephone numbers, (please include extension number); Fax numbers and new e-mail address.

PLEASE CHECK SECTIONS 1 to 15:

SECTIONS 1 - 5: Check your registration number, Citizenship, Gender, Date and Place of Birth are accurate.

SECTION 6: EDUCATION:

- a) Indicate your highest physiotherapy qualification, the year you graduated and university and the country.
- b) - d) Indicate all other degrees held including qualification, year, university and country.
- e) Indicate if you have successfully **passed the PCE** by including the clinical pass date **or** if **Exempt** - specify the reason for Exemption as "Grandfathered" or "AIT Accommodation".
 - Grandfathering exemption - One is not required to write the Physiotherapy Competency Examination if one held a valid registration to practice physiotherapy in a Canadian jurisdiction on or before April 1, 2000.
 - AIT Accommodation exemptions - One who has not attempted the Physiotherapy Competency Examination, and is registered without restriction in another Canadian jurisdiction is not required to write the PCE if one meets all the following conditions:
 - 3.1. 2b. Has an unrestricted Practice Certificate and demonstrates integration of practice competency through at least 3200 hours of clinical physiotherapy practice in Canada within a period of not less than two and not more than three years"
 - or AIT Accommodation 2:
 - 3.1.2c. Is a graduate of a Quebec physiotherapy degree program and as a holder of an unrestricted Quebec practice certificate can demonstrate integration of practice competency through clinical practice for the previous two years under the Quebec monitoring system. (Abridged)
- f) Indicate if you have not successfully complete the PCE and have unsuccessful attempts.

SECTION 7: PREVIOUS JURISDICTION IN WHICH YOU WERE REGISTERED AS A PHYSIOTHERAPIST:

- a) - d) Please check if the information recorded is accurate. This item is mostly information for registration purposes.

SECTION 8: CPA

- a) - d) Please check your CPA number, if you have CPA Malpractice Insurance, the amount of coverage of your insurance or if your insurance is from another Institution. **Note:** The minimum professional liability insurance shall be at least equivalent to that offered through the Canadian Physiotherapy Association Basic coverage.

SECTION 9: EMPLOYMENT

- a) **Employment Status:** Check the one category of your Employment Status.
- b) **Total Annual Hours Worked:** Check the amount of hours worked for 2016.
Report Annual Hours Worked for January to December 2018 in the right hand box.
- c) **Total Other Hours:** Check the Other Hours for 2016. Report Other hours worked for 2018.

PRACTICE HOURS:

Note: Only properly reported practice hours will be recorded. The College will enter “ZERO” i.e. “0” in this space if you omit this information or if you enter a formula. The College cannot calculate your hours. Please ensure you calculate and report Practice Hours correctly.

All Canadian Colleges collect and exchange practice hours data for assessment of eligibility for registration and/or renewal of registration. The minimum requirement is 1200 practice hours in the previous 5-year period to qualify for renewal of registration in all Canadian jurisdictions. The College collects two types of Practice Hours i.e. “Annual Hours Worked” and “Other Hours”.

“**Annual Hours Worked**” include hours worked in **Physiotherapy Practice** i.e. Clinical practice, **Physiotherapy:** Administration, Teaching, Management, Research and Consultation. It does NOT include vacation time, sick leave, family leave, leaves of absence, statutory holidays or education leave or time on other leave from the practice of physiotherapy. The College may request employer verification of your reported Annual Hours Worked.

“**Other Hours**” include hours spent in Physiotherapy related activity i.e. Continuing Education Courses, Volunteer work, Physiotherapy service to Sports Teams and Professional Association Activities. Please do not include volunteering for Social Clubs, Parent-Teacher Committees etc. unless your contribution was physiotherapy-related.

Example: A member worked 37.5 hours per week in 2018, took four weeks vacation, nine statutory holidays, three days family leave, four days educational leave (30 hrs) and three days sick leave. The calculation of practice hours excludes the time on leave (292.5 hours) from the total of 1950 hours. In this scenario, **practice hours are 1657.5 hours.**

The same member spends 6 hours volunteering with the e.g. Arthritis Society as a consultant, and spends 20 hours in fundraising activities. The calculation of “other hours” will include 30 hours of educational hours and 6 hours as a physiotherapist volunteer for a total of 36 “other hours”. The 20 hours of fundraising is not a physiotherapy-related activity and does not count.

NOTE: Requests to make corrections at a later date must be verified in writing by the employer and will be subject to Duplicate Membership Fee of \$25.

- d) Check the province/country you were first employed.
- e) Check the year you were first employed.
- f) Check your official languages.
- g) Check any other languages in which you are fluent.

SECTION 9(h) – (n) and SECTION 10 – 12: EMPLOYER INFORMATION:

Please note that the **Primary Employer Information is represented in the White Boxes** and **Secondary Employer Information is represented in grey boxes.** If you only have a **Primary Employer please disregard the grey boxes.**

- h) **Primary Employer:** Check name of your primary employer. Please add address if there is a change in employer.
- i) **Secondary Employer:** Check name of your secondary employer.
- j) **Employment Commencement Date:** Only for new registrants or new employer.
- k) **Employment Category:** Choose only one for Primary Employer (white) and only one for Secondary Employer (grey). If self employed please indicate so in the appropriate space.
- l) **Full Time or Part Time Status:** Choose only one for Primary Employer (white) and if applicable, only one for Secondary Employer (grey).

- m) Employment Client Age Range:** Choose only one for Primary Employer (white) and if applicable, only one for Secondary Employer (grey). Pediatric (0 -16 yrs), Adult (17 – 65yrs) and Geriatric 65+.
- n) Public or Private Sector Status:** Choose only one for Primary Employer (white) and if applicable, only one for Secondary Employer (grey).

SECTION 10: EMPLOYMENT TYPE OF FACILITY:

Choose only one of the types of facilities for Primary Employer (white) and if applicable only one for Secondary Employer (grey).

SECTION 11: Main CLINICAL FOCUS:

Choose only one of the Clinical Focuses for Primary Employer (white) and if applicable, only one for Secondary Employer (grey).

SECTION 12: Main AREA OF PRACTICE:

Choose only one of the Areas of Practice for Primary Employer (white) and if applicable, only one for Secondary Employer (grey).

SECTION 13 – 15: MAILING LISTS

The College complies with privacy legislation in dealing with the many requests for lists of members contact information. While the College may provide member registration, aggregate and work contact information, we strive to accommodate members regarding at which address they wish to be contacted. Requests for data collection are most commonly for Surveys, Educational courses and Product information. The College assesses every request and only releases member’s personal information if authorized to do so.

Please check the box to include your name on the following mailing lists:

13. SURVEYS - Tick either “Home” or “Work” or “Email”

14. EDUCATIONAL INFORMATION - Tick either “Home” or “Work” or “Email”

15. PRODUCT INFORMATION - Tick either “Home” or “Work” or “Email”.

SIGNING THE DECLARATION STATEMENT:

An application cannot be processed unless the declaration is signed. Signing the Declaration Statement means that you verify that all the information provided is true. **Please check it over.** False information could result in invalidation of your license to practice. A form that is not signed will be returned for signature. A duplication fee of \$25 will be assessed if the form must be returned for signature, and a late fee will be applied, if applicable. All assessed fees must be received at the College office before the renewal is processed.