

**NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS**

P.O. Box 21351 St. John's, Newfoundland and Labrador, CANADA A1A 5G6

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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