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/

CLOSURE OF A CLINIC

Name of Clinic: _____

NLCP Registration Number: _____

Address of Clinic: _____

_____ **Postal Code** _____

Forwarding Address: _____

_____ **Postal Code** _____

Names of Contacts:

_____

_____

Date of Closure _____

Who is Responsible for Client Records?

Name: _____

Address: _____

Location of Clients' Records:

_____

Signature(s) of Signing Officer(s):

_____

_____

Please complete and return to the Registrar at the address above.