

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: registration@nlcpt.com Website: <http://nlcpt.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 (%) of Shares:	Class of Shares:	Number 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.

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7. PHYSIOTHERAPISTS ON STAFF:

Name:	Registration Number:	Employee/Contract:	Hours per week:
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: _____