

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/>

TO: Newfoundland and Labrador College of Physiotherapists (College)

RE: Locum Position ,20..... to ,20.....

Facility:

Address:

UNDERTAKING

I,, the undersigned, agree to the terms of the Temporary registration as stated below.

In consideration of the granting of a Temporary License by the College to the undersigned agrees to provide physiotherapy services between (dates) and on the terms listed below, that so long as the undersigned is entitled to practice pursuant to the Conditional License the undersigned:

1. Will provide physiotherapy services to clients of (facility) in the province of Newfoundland and Labrador between (dates)..... and
2. Will not provide physiotherapy services anywhere in the province of Newfoundland and Labrador except as permitted in 1 above;
3. Will remain registered with the (current licensing authority), will be a member of the Canadian Physiotherapy Association and carry malpractice insurance for the duration of the stated period;
4. Will pay the prescribed fee of \$50 for each month to a maximum of 3 months.

Signature

Date

Address and telephone number

