

<p><b>NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS</b>          P. O. BOX 21351 ST. JOHN'S, NL, CANADA A1A 5G6          Telephone: 709-753-6527 Fax: 709-753-6526 E-mail: <a href="mailto:registration@nlcpt.com">registration@nlcpt.com</a> Website: <a href="http://nlcpt.com/">http://nlcpt.com/</a>  <b>RENEWAL OF REGISTRATION OF A PHYSIOTHERAPY CLINIC - July 1, 2023 - June 30, 2024</b></p>
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NLCP 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? Incorporation Number: \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

(Enclose copy of current incorporation certificate)

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:
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please enter names, addresses and other Shareholder information (including beneficial shareholders) on a separate page, if applicable.

5. DIRECTORS:

Name: \_\_\_\_\_ Residential Address: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please enter names, addresses and other Directors information on a separate page, if applicable.

6. OFFICERS:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please enter names, addresses and other Officers information on a separate page, if applicable.

**7. PHYSIOTHERAPISTS ON STAFF:**

**Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_ **Employee/Contract:** \_\_\_\_\_ **Full/Part Time:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please enter other names and required information on a separate page, if applicable.

**8. SUPPORT STAFF:**

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Roles:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please enter other names, job titles and roles on separate page, if applicable.

**9. Is there an update to the shareholders' agreement in 2023-2024? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**10. Clinic Malpractice Insurance Carried:** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
(Minimum required \$5,000,000)

**Insurance Company:** \_\_\_\_\_  
(Please enclose a copy of your clinic's malpractice certificate.)

**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.

The Clinic has in place an up to date set of standards and policies for the delivering physiotherapy services, including:

- 1. Standards of Practice for Physiotherapists;
- 2. Guidelines for Use of Support Personnel;
- 3. Guideline for the Retention and Transmission of Electronic Health Information for Physiotherapists
- 4. Policies and Procedures Manual with written policies on:
  - (i) Fee Schedules
  - (ii) Billing Practices
  - (iii) Cancellation Policies
  - (iv) Job Descriptions for Physiotherapists
  - (v) Equipment Calibration
  - (vi) Supervision Model
  - (vii) Record Keeping
  - (viii) Use of Support Personnel
  - (ix) Job Descriptions for Support Personnel
  - (x) Privacy of Client Health Information.

CLINIC: \_\_\_\_\_

Per: \_\_\_\_\_  
(Name and officer of Clinic)

Per: \_\_\_\_\_  
(Name and officer of Clinic)

Date: \_\_\_\_\_

Date: \_\_\_\_\_