NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

P. O. BOX 21351
ST. JOHN'S, NL CANADA A1A 5G6
Telephone: 709-753-6527 Fax: 709-753-6526
E-mail: registration@nlcpt.com

2024-2025 APPLICATION FOR REGISTRATION

PART A:

☐ I am no longer practicing physiotherapy in NL and request that my name be removed from the register.

☐ I wish to change my Active registration to an Inactive registration or remain an Inactive registrant. I understand I shall not practice physiotherapy in NL as an Inactive registrant.

(Signature) (Date)

Surname | Given Names | Other / Maiden Name

Mailing Address

City / Town / Village | Province | Postal Code | Country

E-mail Address

Home Phone Number | Fax Number | Work Phone Number / Ext.

PART B:

1. Registration Number:

2. Citizenship Status: ☐ Canadian Citizen ☐ Landed Immigrant ☐ In Canada on a Work Permit

3. Gender:

4. Date of Birth (MM/DD/YYYY):

5. Place of Birth (Province, Country):

6. EDUCATION

	Discipline/Degree:	Diploma	Baccalaureate	Master's	Doctorate	Grad Year:	University:	Country:
a)	Physiotherapy:	☐	☐	☐	☐			
b)	Degree 1:		☐	☐	☐			
c)	Degree 2:		☐	☐	☐			
d)	Degree 3:		☐	☐	☐			

e) Specify the completion date(s) for the Physiotherapy Competency Examination (PCE): Written: Clinical:
☐ Exempt Please specify the reason for Exemption: ☐ Grandfathered ☐ AIT Accommodation

f) Please complete the following only if you have UNSUCCESSFULLY attempted the PCE: ☐ Written Date: ☐ Clinical Date:

7. PREVIOUS JURISDICTION IN WHICH YOU WERE REGISTERED AS A PHYSIOTHERAPIST

a) Registration Number:

b) Province, Country:

c) Regulatory Body:

d) Period of Registration:

8. Canadian Physiotherapy Association (CPA)

a) CPA Number:

b) CPA Malpractice Insurance: ☐ Yes ☐ No

c) Insurance Amount:

d) Insurance Institution:

9. EMPLOYMENT

a) Employment Status (CHOOSE ONLY ONE FROM 1 - 6):
- ☐ 1. Employed in Physiotherapy
- ☐ 2. Employed in Physiotherapy, On Leave
- ☐ 3. Employed in Other than Physiotherapy and Seeking Employment in Physiotherapy
- ☐ 4. Employed in Other than Physiotherapy and Not Seeking Employment in Physiotherapy
- ☐ 5. Unemployed and Seeking Employment in Physiotherapy
- ☐ 6. Unemployed and Not Seeking Employment in Physiotherapy

b) Total Annual Hours Worked: (2022) (2023)

c) Total Other Hours: (2022) (2023)

d) Province you were first Employed in Physiotherapy:

e) Year that you were first Employed in Physiotherapy:

f) Official Canadian Language(s): ☐ English ☐ French

g) Other Official Language(s):

PRIMARY EMPLOYER REPRESENTS WHITE BOXES, SECONDARY EMPLOYER REPRESENTS GREY BOXES

h) Primary Employer:

i) Secondary Employer:

j) Employment Commencement Date:

k) Employment Category (CHOOSE ONLY ONE WHITE AND ONE GREY):
☐ ☐ Permanent ☐ ☐ Temporary ☐ ☐ Casual ☐ ☐ Self-employed

l) Full-time / Part-time Status (CHOOSE ONLY ONE WHITE AND ONE GREY):
☐ ☐ Full-time ☐ ☐ Part-time

m) Employment Client Age Range (CHOOSE ONLY ONE WHITE AND ONE GREY):
☐ ☐ Paediatrics ☐ ☐ Adults ☐ ☐ Seniors ☐ ☐ All Ages

n) Sector Status (CHOOSE ONLY ONE WHITE AND ONE GREY):
☐ ☐ Public Sector ☐ ☐ Private Sector (Includes self-employed)

PLEASE CHOOSE 1 WHITE AND 1 GREY BOX FROM SECTIONS 10, 11 AND 12 **WHITE = PRIMARY EMPLOYER, GREY = SECONDARY EMPLOYER**

10. Place of Employment (Pick 1 white and 1 gray from 1 - 13)
- ☐ ☐ 1. General Hospital
- ☐ ☐ 2. Rehabilitation Hospital / Facility
- ☐ ☐ 3. Mental Health Hospital / Facility
- ☐ ☐ 4. Residential Care Facility
- ☐ ☐ 5. Assisted Living Residence
- ☐ ☐ 6. Community Health Centre
- ☐ ☐ 7. Visiting Agency / Business
- ☐ ☐ 8. Group Professional Practice / Clinic
- ☐ ☐ 9. Solo Professional Practice / Business
- ☐ ☐ 10. Post-secondary Educational Institution
- ☐ ☐ 11. School or School Board
- ☐ ☐ 12. Association / Government / Para-governmental
- ☐ ☐ 13. Industry, Manufacturing and Commercial

11. Clinical Focus on: (Pick 1 white and 1 gray from 1 - 5)
- ☐ ☐ 1. Musculoskeletal System
- ☐ ☐ 2. Neurological System
- ☐ ☐ 3. Cardiovascular and Respiatory System
- ☐ ☐ 4. Skin and Related Structures
- ☐ ☐ 5. More than One System

12. Area of Practice: (Pick 1 white and 1 gray from 1 - 27)
- ☐ ☐ 1. General Practice
- ☐ ☐ 2. Sports Medicine
- ☐ ☐ 3. Burns and Wound Management
- ☐ ☐ 4. Plastics
- ☐ ☐ 5. Amputations
- ☐ ☐ 6. Orthopaedics
- ☐ ☐ 7. Rheumatology
- ☐ ☐ 8. Vestibular Rehabilitation
- ☐ ☐ 9. Perineal
- ☐ ☐ 10. Oncology
- ☐ ☐ 11. Critical Care
- ☐ ☐ 12. Cardiology
- ☐ ☐ 13. Neurology
- ☐ ☐ 14. Respirology
- ☐ ☐ 15. Health Promotion and Wellness
- ☐ ☐ 16. Palliative Care
- ☐ ☐ 17. Return to Work Rehabilitation
- ☐ ☐ 18. Ergonomics
- ☐ ☐ 19. Client Service Managment
- ☐ ☐ 20. Consultant
- ☐ ☐ 21. Administrator
- ☐ ☐ 22. Teaching Physiotherapy related
- ☐ ☐ 23. Continuing Education
- ☐ ☐ 24. Other Education
- ☐ ☐ 25. Research
- ☐ ☐ 26. Sales
- ☐ ☐ 27. Other Area of Direct Service

Specify:

QUESTIONS 13 - 15 (CHECK THOSE APPLICABLE)

Authorization for inclusion on Mailing List:

13. Survey: ☐ Home ☐ Work ☐ E-mail

14. Educational: ☐ Home ☐ Work ☐ E-mail

15. Product/Promo: ☐ Home ☐ Work ☐ E-mail

DECLARATION STATEMENT

I, _____, certify that to the best of my knowledge:

1. Neither my professional conduct nor my practice of physical therapy is under investigation in any jurisdiction;
2. I am not the subject of disciplinary proceedings, nor do I have restrictions on my license in any jurisdiction;
3. I have not been found guilty of any offense under any statute in Canada or abroad;
4. I have and will continue to hold CPA membership and professional liability insurance during the registration period stated herein;
5. The information provided on this form is true.
6. For renewing members only: I have maintained my professional portfolio according to the guidelines of the college.

(Signature)

(Date)