



**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](mailto:registration@nlcpt.com) Website: <https://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.