

NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

P.O. Box 21351 St. John's, Newfoundland and Labrador, CANADA A1A 5G6
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TO: Newfoundland and Labrador College of Physiotherapists

RE: Temporary Registration for the Canada Games August 8-25 2025

NAME: _____

Address: _____

Tel.: _____ **Fax:** _____ **E-mail:** _____

Services:

FROM (Date): August 8, 2025 **TO (Date):** August 25, 2025

UNDERTAKING

In consideration of the granting of a Temporary Registration by the College to the undersigned the undersigned agrees to the following:

1. Will provide proof of registration in the jurisdiction in which currently registered..
2. Will provide time limited physiotherapy services in the province of Newfoundland and Labrador.
3. Fee is waived for this event.

Signature of Applicant

Date

(Registrar Signature indicates Approval)

Date