

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

RE: Cross- Border Registration

NAME: _____

Address: _____

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

Services:

FROM (Date):

TO (Date):

UNDERTAKING

In consideration of the granting of a Temporary Registration by the College to the undersigned for the purpose of providing Tele-rehabilitation or Virtual Care services; the undersigned agrees to the following:

1. Will provide proof of registration in the jurisdiction in which currently registered.
2. Will provide proof of malpractice insurance and membership with CPA.
3. Will provide time limited physiotherapy services for patients in the province of Newfoundland and Labrador, whose treatment began in your primary jurisdiction.
4. Payment online via PayPal for amount of \$120.00 or by cheque for maximum of six months.

Signature of Applicant

Date

(Registrar Signature indicates Approval)

Date