

Registration Checklist Temporary Applicants

(for visitors/instructors registered in another jurisdiction- 30 days maximum)

Send all questions to info@cptnb.ca.

Print name: _____

You must enclose a copy of this checklist with your application

1. **The application form** must be:

- ☐ Completed including all personal and employment information
- ☐ Signed and dated
- ☐ E-mailed to the College at info@cptnb.ca

2. **Fee payment** made by the following:

- ☐ Payment options for registration fee
 - Mail cheque/money order
 - E-mail Interac e-transfer to info@cptnb.ca

☐ Payment is being made by: (name/organization/sponsor, etc.) If so:

By (Name): _____

From (E-mail): _____

3. **Individual Professional Liability Insurance (PLI):**

(may be optional – depending on event) Contact CPTNB

- ☐ Copy of Certificate of Individual Insurance or
- ☐ Other proof of coverage

4. **Description/Reason for Temporary Registration:**

Applicant and course/event organizers are responsible for ensuring that CPTNB receives details of the course, event or reason for visit with, or in advance of, the application including: exact dates, name of course/event, location, participants/target group, and notice as to whether patients are involved.

- ☐ **Supplementary form** is enclosed or
- ☐ Letter is enclosed

5. **Letter of Professional Standing (LOPS) - Verifications**

- ☐ From all current and previous regulators in the past 5 years or
- ☐ Other proof from employers where there is no regulator

IMPORTANT! Such letters/certificates must be sent by the regulator(s) directly to CPTNB.

- We accept them by post, fax or e-mails
- Web site verifications of your status are not acceptable
- Many jurisdictions need advance notifications to send these, some also charge fees so act promptly to make your request(s)

III Temporary New Brunswick Practice Information

1. Have you been registered as a PT in New Brunswick previously? Yes ☐ No ☐
If yes, in what year? _____ (if unsure, estimate as closely as possible)
If you know it, what was the NBPT Registration # assigned to you? _____

2. What is the purpose of your application to CPTNB? (Check ALL that apply)

- ☐ Instruction/Teaching: (Specify Course Name plus start and end dates)
☐ Clinical Practice: (Specify patient group/area of treatment plus start and end dates)
☐ Other (e.g. sporting event/research plus start and end dates)

Specify _____ Dates: _____

Specify _____ Dates: _____

3. Is this is a recurrent event/visit in the same year? If so, specify return dates

Dates: _____ Dates: _____ Dates: _____

**You must submit proof of relevant/adequate
professional liability insurance
with the application**

IV DECLARATION

I (print name) _____ hereby:

- i.) agree to be bound by the terms of the N.B. Physiotherapy Act, Regulations and Rules;
- ii.) understand that I am responsible for maintaining compliance with all requirements under the provisions of the N.B. Physiotherapy Act, Regulations and Rules;
- iii.) certify that my ability to practise physiotherapy is not impaired by any impediment;
- iv.) affirm that there are no outstanding disciplinary matters or restrictions on my right to practise in any jurisdiction where I have at any time been authorized to practise ;
- v.) declare I have, and will maintain required professional liability coverage while practising physiotherapy (N.B.: individual PLI is required unless otherwise confirmed by the CPTNB Registrar);
- vi.) certify that the information given in the application is true, correct and complete to the best of my knowledge and belief.

Signature _____

Family Name at Birth (print) _____ Date _____

Office use only Date Received: _____ Date Approved: _____

Complete and forward with each application form

SUPPLEMENTARY FORM

**NEW BRUNSWICK PHYSIOTHERAPY REGISTRATION
for TEMPORARY PRACTICE in New Brunswick**

DESCRIPTION/TITLE (event or course)

DATE(s)

LOCATION(s) (facility/ies and city/ies/towns)

NAME OF LOCAL CONTACT/ORGANIZER or CHECK HERE [☐] IF NONE

Organizer's E-mail address: _____ Fax: _____

YOUR NAME: (PRINT) _____

SIGNATURE: _____

DATE: _____