

## Registration Checklist Provisional-Extended Access

**Questions? Send all queries BY EMAIL ONLY to [info@cptnb.ca](mailto:info@cptnb.ca)**  
**(See FAQs at the end of this document)**

Print name: \_\_\_\_\_

Applicant's Declaration: I understand that I am applying for a Certificate of Registration - Provisional/Extended Access - to only provide care to N.B. patients for the purpose of continuing to provide care for those whose physiotherapy began in another jurisdiction, and who would benefit from continued and time-limited service in N.B., or where services are not available in N.B. but would benefit patients.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **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](mailto:info@cptnb.ca)
2. **Fees payment** made by the following:
  - ☐ Payment options for fees
    - 1) Mail cheque/money order
    - 2) E-mail Interac e-transfer to [info@cptnb.ca](mailto:info@cptnb.ca)
3. **Individual Professional Liability Insurance (PLI):**
  - ☐ Copy of Certificate of Individual Insurance
4. **Letter of Professional Standing (LOPS) – Verifications**
  - ☐ From all current regulators

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

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

## Application for Provisional-Extended Access

**PRINT/TYPE ONLY**

### I Personal Information

Name: \_\_\_\_\_  
                     Family/Last Name                      First Name                      Middle Name(s)

Former Last Name(s) \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Your Gender? \_\_\_\_\_  
                     Day                      Month                      Year

I prefer CPTNB communications to be in English ☐ OR French ☐

Residential Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_      Cell: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email: Personal \_\_\_\_\_ Work \_\_\_\_\_

### II Registration/Practice Information

1. Where in Canada are you registered as a PT now? (Insert your current registration # and name of jurisdictions where you are registered)\* \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

2. Where have you been registered in the last five years? (Name all past jurisdictions where you were registered and registration #)\* \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

3. 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? \_\_\_\_\_

4. Total years in Physiotherapy practice \_\_\_\_\_

5. How many physiotherapy practice hours have you accumulated in the immediately preceding five years? \_\_\_\_\_

\*CPTNB requires proof of professional standing from ALL jurisdictions listed in # 1 & 2 above.  
 Refer to Application Checklist for Details

### III Professional Liability Insurance/MANDATORY to carry an INDIVIDUAL COVERAGE POLICY

My insurer is \_\_\_\_\_ My policy number is \_\_\_\_\_

The effective dates are: \_\_\_\_\_  
   Start Date                      Expiry Date

#### IV Practice Information

If more than one work place, add pages with same details for each one.

Name of your work site/service \_\_\_\_\_ Start Date \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Business Tel: (        ) \_\_\_\_\_ - \_\_\_\_\_ Business Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

This is the only place I practise ☐

I have added more work place details on separate page(s) ☐

**Be sure to review the FAQs at the end of the document**

#### V 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 past or 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. I agree to remain registered in my primary jurisdiction while holding a N.B. Provisional-Extend Access licence;
- vii. I agree to only provide services for the purpose of continuing patient care where the patient started care in my primary jurisdiction or where I will be providing services which are not currently available in a certain geographic area in N.B. and there is a patient need;
- viii. I agree to not provide services where the best interests of the patient would be to find in-person care in the patient's own jurisdiction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Received: \_\_\_\_\_ Entered: \_\_\_\_\_

Notes: \_\_\_\_\_

# Frequently Asked Questions

## Provisional Registration—Extended Access

### ***What is a Certificate of Provisional Registration-Extended Access?***

This Certificate of Registration is available to physiotherapists who currently practise in another Canadian province but who wish to provide care to patients in New Brunswick, virtually or in person.

Holders of this Certificate may only provide care to New Brunswick residents 1) whose physiotherapy began in another province and who would benefit from continued, time-limited care in New Brunswick, or 2) where such services are not available in New Brunswick but would benefit the patient.

### ***What is virtual care?***

Virtual care refers to the provision of physiotherapy services to a patient who is remotely located from the primary physiotherapist. This may include videoconferencing, e-mail, apps or other web-based means of communication or wearable technology, for example. The physiotherapist may or may not be present with the patient. All professional behaviours and expectations remain the same as with in-person care.

A virtual care model can be used to serve the public interest by delivering services not otherwise available without compromising the quality of care or regulatory accountability. Services must always be provided in accordance with legislative and regulatory standards and/or guidelines.

### ***How do I apply to CPTNB for Provisional Registration-Extended Access?***

You may submit an **application to CPTNB** if you currently hold a “full” or independent practitioner licence in good standing, elsewhere in Canada.

### ***When does my Provisional Registration-Extended Access expire?***

The Certificate is valid from the date issued until December 31 of each year. You may practise in New Brunswick as long as your Certificate is valid. You will be able to renew your Certificate between November and December 31 each year.

### ***How much does it cost to apply for a Provisional Registration-Extended Access certificate?***

There is a one-time, non-refundable application fee of \$150 CAD. There is an additional registration fee of \$125 CAD, which is retained once your application has been processed. The annual renewal fee is currently \$125 CAD.

### ***How do I submit my application?***

You may submit your application by regular **mail or e-mail**. If you have questions, send an e-mail to: [infocptnb@cptnb.ca](mailto:infocptnb@cptnb.ca). Only written inquiries will receive a response..

### ***How long will it take to approve my application?***

Our processing time for all applications is usually within 5 business days. This includes a review of the application to ensure it meets all requirements. The review may take longer if your application is incomplete. In fairness to all applicants, there is no expedited application process.

***I understand that in New Brunswick there are sub-registers for Acupuncture/Dry Needling and Specialized Practice - what does this mean?***

Physiotherapists must apply for approval to the sub-registers in order to practise acupuncture, dry needling and/or to use the title “Specialist”. Visit our web site at [www.cptnb.ca](http://www.cptnb.ca) for information and to access the supplemental application form.

***Which rules and standards do I need to follow?***

When providing patient care in New Brunswick, whether virtually or in person, you must follow all laws, regulations, standards, guidelines and ethics for Physiotherapists in New Brunswick.

***Do I have to participate in the College’s continuing competency programs?***

*No. You will need to meet the registration and ongoing professional development requirements in your home province only.*

***What happens if a patient has a complaint about the care I have provided?***

In the case of a complaint, the patient may decide if they wish to file their complaint in New Brunswick or in your home province. It is possible that both jurisdictions will investigate the complaint. If this occurs, the regulatory bodies in both provinces will work together on the investigation.

***How will I be paid for the services that I provide?***

You will need to contact the payors/funding sources to find out about reimbursement for the care you provide.

***I am no longer registered with the College or regulatory body in my home province - can I still keep my Certificate of Provisional Registration-Extended Access?***

In short, no. You are required to report to CPTNB – immediately – if you no longer hold a licence in your home province or territory. At that point, you will no longer be able to deliver patient care in New Brunswick under this Certificate.