

College of Physiotherapists of New Brunswick
ollège des physiothérapeutes du Nouveau-Brunswick

2C-82 rue Germain St., Saint John, NB, Canada, E2L 2E7
Tel: (506) 642-9760 Fax: (506) 642-9770
info@cptnb.ca ■ www.cptnb.ca physionb@nb.aibn.com ■

**Temporary/Telepractice Applicants to CPTNB
for Visitors/Instructors (30 days maximum)**

Print Name: _____

Check and enclose all items below and include the checklist with your application

For applications to CPTNB, all of these requirements must be met:

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

- Completed with all details
- Signed and dated
- Mailed to the College

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

- Cheque(s) / Money order(s) enclosed **OR**
- Payment is being made by: (name/organization/sponsor, etc.) If so -

Specify and provide e-mail: _____

3. **Individual Professional Liability Insurance (PLI):** (may be optional – depending on event – contact the Registrar):

- Copy of Individual/Group Certificate of Insurance **OR**
- Other proof of coverage

4. **Letter(s)/Certificates of Professional Standing (LOPS)**

- From all current and previous regulators up to 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)

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**Temporary/Telepractice Application for Visitors/Instructors
(30 days maximum)**

PRINT/TYPE ONLY

I Personal Information

Name: _____
Family *First* *Initial*

Residential Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Phone: () _____ - _____ Cell: () _____ - _____

Personal E-mail: _____

Work E-mail: _____

Birthdate: _____ Your Gender? _____
Mo/Day/Year

I **prefer** communications in English or French

II Practice/Licence Information

1. Total years in Physiotherapy practice _____

2. How many physiotherapy practice hours have you accumulated in the immediately preceding five years? _____

3. Where are you registered as a PT now? (Name all current jurisdictions where you are registered)* _____

4. Where have you been registered in the last five years? (Name all past jurisdictions where you were registered)* _____

CPTNB requires proof of professional standing from ALL jurisdictions listed in # 3 & 4 above.

Refer to Application Check List for Details

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: _____

COLLEGE OF PHYSIOTHERAPISTS OF NEW BRUNSWICK

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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: _____

OFFICE USE ONLY

Status: _____ CPTNB T _____ DOE: _____