

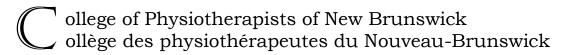
2C-82 rue Germain St., Saint John, NB, Canada, E2L 2E7 Tel: (506) 642-9760 Fax: (506) 642-9770 info@cptnb.ca ■ www.cptnb.ca physionb@nb.aibn.com ■

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

Print N	Name:
Chec	k and enclose all items below and include the checklist with your application
For a	pplications to CPTNB, all of these requirements must be met:
1.	The application form must be:
	□ Completed with all details□ Signed and dated□ <u>Mailed</u> 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

T IXIIVI)	THEORE	
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:		
Mo/Day/Year		
I prefer communications in English □ or	French 🗆	
II Practice/Licence Information		
ii Fractice/Licerice information		
1. Total years in Physiotherapy practice _	<u></u>	
2. How many physiotherapy practice hour preceding five years?	s have you accumulated in	the immediately
3. Where are you registered as a PT now registered)*		ions where you <u>are</u>
4. Where <u>have you been</u> registered in the where you <u>were</u> registered)*	last five years? (Name all p	past jurisdictions
CPTNB requires proof of profes	sional standing from ALL jui # 3 & 4 above.	risdictions
	n Check List for Details	

III Temporary New E	Brunswick Practice Inf	ormation					
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 recurren	nt event/visit in the same	e 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	e Received:	Date Approved:					

COLLEGE OF PHYSIOTHERAPISTS OF NEW BRUNSWICK

2C-82 Germain St., Saint John, NB Canada E2L 2E7 (506) 642-9760 tel • 642-9770 fax • E-mail: infocptnb@nb.aibn.com

Complete and forward with each application form

SUPPLEMENTARY FORM

NEW BRUNSWICK PHYSIOTHERAPY REGISTRATION for TEMPORARY PRACTICE in New Brunswick

DESCRIPTION/TITLE (event or course	e)			
DATE(s)				
LOCATION(s) (facility/ies and city/ies/f	towns)			
NAME OF LOCAL CONTACT/ORGAN	JIZER or CHE	CK HERE [] IF NONE	
Organizer's E-mail address:			-ax:	
YOUR NAME: (PRINT)				
	SIGNATURE:			
DATE:				
OFFICE USE ONLY				
Status:	CPTNB T	DOE	:	