

COLLEGE OF PHYSIOTHERAPISTS OF NEW BRUNSWICK

Registration Checklist

RE ENTRY

**Only submit the application to CPTNB
after conferring with the Registrar**

Enclose a copy of this checklist with your application

Print name: _____

Applicant's Declaration:

I hereby confirm my understanding that:

- (i) I must successfully pass the PCE-W & C within 2 years and after no more than 3 attempts, whichever comes sooner; and/or
- (ii) I must comply with the terms, limits or conditions which may be applied to my registration including extra fees, if required; and
- (iii) my Provisional registration is subject to suspension or revocation at the discretion of the Registrar and/or Council.

Applicant's Signature _____

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

1. **Using the code sheet, the application form** must be:
 - Completed including all personal and known employment information
 - Signed and dated
 - Mailed to the College
2. **Fee payment** made by the following:
 - Cheque(s) or money order(s) enclosed (for application AND practising fee)
Note: Application Fee is non-refundable
3. **Good character and reputation:**
 - 2 letters of reference** attesting to the applicant's good character

Additionally, upon confirmation of acceptance as a Reentry candidate

4. You must submit proof of having **Individual Professional Liability Insurance (PLI):**
 - Copy of Certificate of Insurance **OR**
 - Other proof of coverage

See accompanying pages for codes and instructions

ALL DETAILS MUST BE PROVIDED - PRINT OR TYPE ONLY

EMPLOYER 1 - NAME OF FACILITY/CLINIC in N.B. :

Name: _____
 Address: _____
 City/Town: _____
 Postal Code: _____
 Phone: () _____ Ext: _____
 Fax: () _____
 Work E-mail: _____

Name: _____
 Surname Given Middle Name
 Residential Address: _____
 City/Town: _____
 Postal Code: _____ Phone: () _____
 Personal E-mail: _____

1. Registration Status (code) 2. Membership Status (code)
 2a. Previous Province/Territory/State/Country (if applicable)(code):
 of Residence /of Employment /of Registration
 4. Other concurrent PT Registration (specify province/state): _____
 5. PCE Written Date: Mo _____ Yr _____
 Clinical Date: Mo _____ Yr _____
 8. Birthdate (DD/MM/YYYY)
 9. I prefer material in English (2) or French (3) AND by E-mail Yes No
 10. I am ABLE to provide services in the following language(s) (code) and If code 99, specify language(s) _____

3. Total Practice Hours (see code sheet)		NEW GRADUATES N/A <input type="checkbox"/>	
Jan. 1/07 - Dec. 31/11	_____	Jan. 1/1 - Dec. 31/14	_____
Jan. 1/08 - Dec. 31/12	_____	Jan. 1/1 - Dec. 31/15	_____
Jan. 1/09 - Dec. 31/13	_____	TOTAL:	_____

6. CPA member? Yes No 7. Gender F M

11A. Physiotherapy Education ONLY - Complete ALL Fields				
Level	University (code)	Year of Graduation	Province (code)	At/After Entry to Work Force
Diploma	<input type="text"/> <input type="text"/> If code 98 or 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Bachelor	<input type="text"/> <input type="text"/> If code 98 or 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
Master	<input type="text"/> <input type="text"/> If code 98 or 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry
PhD	<input type="text"/> <input type="text"/> If code 98 or 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry

12a. Acupuncture Certification (code)	12b. Area of Special Interest (code)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> For Other Specify _____

11B. Other Education ONLY - Complete ALL Fields				
Level (code)	Discipline/Faculty (code)	Year of Graduation	Training Institute	Province (code)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If code 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If code 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If code 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If code 99, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>

13. Total years employed in Physiotherapy
 14. Total years employed in Physiotherapy in N.B.
 15. If NOT employed in Physiotherapy, seeking employment?
 Yes No N/A

16. Professional Liability Insurance (PLI): ALL ACTIVE MEMBERS REQUIRE INDIVIDUAL PLI
 Specify Policy: CPA Other Name: _____ Not Applicable **Must be INACTIVE to check N/A**

READ INSTRUCTIONS RE: PLI

17. Current employment situation, if not employed as a Physiotherapist (code) Not Applicable

See accompanying pages for codes and instructions

18. For ACTIVE licence in N.B., put N.B. work detail. For INACTIVE or TEMPORARY put detail for wherever you practice.

EMPLOYMENT 1:

A. Employed in Physiotherapy? Yes No B. Employment type (code) C. Start Date
 If you have changed jobs, Year Month Day

D. Facility/Agency/Clinic _____

E. City/Town _____ Province (code) Postal Code _____ Stop Date
 Stop Date Year Month Day

F. Role (code)	G. Service Location (code)	H. Client Base (code)	I. Level of Client (code)	J. Language of Service (code)	K. Area of Practice (code)	L. Average Hours per week
See code sheet						
<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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EMPLOYMENT 2:

A. Employed in Physiotherapy? Yes No B. Employment type (code) C. Start Date
 If you have changed jobs, Year Month Day

D. Facility/Agency/Clinic _____

E. City/Town _____ Province (code) Postal Code _____ Stop Date
 Stop Date Year Month Day

F. Role (code)	G. Service Location (code)	H. Client Base (code)	I. Level of Client (code)	J. Language of Service (code)	K. Area of Practice (code)	L. Average Hours per week
See code sheet						
<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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EMPLOYMENT 3:

A. Employed in Physiotherapy? Yes No B. Employment type (code) C. Start Date
 If you have changed jobs, Year Month Day

D. Facility/Agency/Clinic _____

E. City/Town _____ Province (code) Postal Code _____ Stop Date
 Stop Date Year Month Day

F. Role (code)	G. Service Location (code)	H. Client Base (code)	I. Level of Client (code)	J. Language of Service (code)	K. Area of Practice (code)	L. Average Hours per week
See code sheet						
<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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DECLARATION

I (print name) _____ hereby:

- agree to be bound by the terms of the N.B. Physiotherapy Act, Regulations and Rules;
- understand that I am responsible for maintaining compliance with all requirements under the provisions of the N.B. Physiotherapy Act, Regulations and Rules;
- agree to maintain my Professional Portfolio (not applicable for temporary registration);
- certify that my ability to practise physiotherapy is not impaired by any impediment;
- 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;
- 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);
- certify that the information given in the application is true, correct and complete to the best of my knowledge and belief.

Signature _____

Maiden name (print) _____ Date _____

Office Use Only

Date In _____	Amount _____	Received _____	Cat. _____	C/R/P _____
Late Fee _____	Amount _____	Received _____		C/R/P _____

CPTNB Physiotherapy Codes - New or Reinstatement Applicants Only
Only TYPE or PRINT on the application form

Personal Information

<p>1 Registration Status</p> <p><u>Re-Registration/Reinstatement</u></p> <p>02 Registered in New Brunswick prior to last year <u>but not</u> last year</p> <p><u>Initial N.B. Registration</u></p> <p>03 New Graduate</p> <p>04 Currently or previously registered in another jurisdiction</p>	<p>2 Membership Status</p> <p>(i.e. for which category you are seeking registration)</p> <p>See Definitions in Application Instructions or visit: www.cptnb.ca</p> <p>01 Practising Member in N.B.</p> <p>02 Not Practising</p> <p>03 Temporary/Telepractice-under 30 days</p> <p>06 Practising Provisional</p> <p>07 Retired</p> <p>Application Fees</p> <p>See Application Instructions or visit WWW.CPTNB.CA</p>	<p>3 Practice Hours</p> <p>Reinstatement applicants and PTs concurrently registered elsewhere must have accumulated a minimum of 1200 physiotherapy hours in the immediately preceding five years-</p> <p>For initial registration of new graduate applicants, there is no minimum hours requirement.</p> <p>-----</p> <p align="center">ROUND OFF TOTAL HOURS TO A MAXIMUM OF FOUR DIGITS</p> <p>Calculate the number of practice hours over last 12 months by multiplying the hours per week X the weeks actually worked (exclude vacation days, statutory holidays, leaves etc.)</p> <p>Examples:</p> <p>37.5 hrs/wk with 10 vacation days and 10 statutory holidays (48 weeks worked), total hours = 1800</p> <p>37.5 hrs/wk with 15 vacation days and 10 statutory holidays (47 weeks worked), total hours = 1762</p>	<p>5 Physiotherapy Competency Exam</p> <p>INDICATE ALL THAT APPLY</p> <p>01 Passed 02 Failed 03 Attempted/Results pending 04 Seat confirmed for Attempt 05 Not Attempted/Grand parented</p> <p>10 Language</p> <p>Indicate language(s) in which you are capable of providing professional services regardless of language(s) used in your current employment</p> <p><u>Choose ONE only, from 01-06</u></p> <p>01 English Only 02 French Only 03 Functionally Bilingual (1st language English) 04 Functionally Bilingual (1st language French) 05 Fluently Bilingual (1st language English) 06 Fluently Bilingual (1st language French)</p> <p>Plus –</p> <p><u>Choose all that apply below:</u></p> <p>07 Migmac 08 Maliseet 09 Passamaquoddy 10 Sign Language 99 Other</p>
<p align="center">For Questions 2a, 4, 11a, 11b and 18 see Geographical Codes on page 2/over.</p>			

Entry Level Education and Continuing Practice Information

<p>11A Physiotherapy Education</p> <p><u>University</u></p> <p>01 Dalhousie University 02 McGill University 03 Université de Montréal 04 University of Ottawa 05 University of Western Ontario 06 University of British Columbia 07 University of Alberta 08 University of Toronto 09 Université Laval 10 University of Manitoba 11 McMaster University 12 Queens University 13 University of Saskatchewan 14 Université de Sherbrooke 98 U.S.A. 99 Other</p>	<p>11B Other Education</p> <p><u>Level</u></p> <p>01 Diploma 02 Baccalaureate 03 Masters 04 PhD/Doctorate</p> <p><u>Discipline/Faculty</u></p> <p>01 Arts 02 Science 03 Physical Education 04 Education 05 Kinesiology 06 Business Administration 99 Other</p>	<p>12A Acupuncture</p> <p>All AFCI certificates must be filed with the College before you practise acupuncture as a physiotherapist. Select code(s) for the level(s) successfully completed.</p> <p><u>AFCI Codes</u></p> <p>01 Part 1 / Introductory 02 Part 2A 03 Part 2B 04 Part 3A 05 Part 3B 06 AFCI Designation 99 Other (those with “equivalency” as approved by the College)</p>	<p>12B Area of Special Interest</p> <p>Indicate areas of interest to you. <u>This does not imply a particular level of skill or expertise</u></p> <p>01 Paediatrics 02 Geriatrics 03 Sports Medicine 04 Neurology 05 Orthopaedics 06 Management 07 Health promotion 08 Cardiology 09 Neonatology 10 Cranio-sacral 11 Acupuncture 99 Other</p>
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** Codes continued on other side or page 2 **

CPTNB Physiotherapy Codes - **New or Reinstatement Applicants Only**

Only TYPE or PRINT on the application form

Employment Information – If N.B. job is pending, contact employer for detail

<p>13/14 Years Employed</p> <p>ONLY count years in which you were actually employed as a physiotherapist. Round off to nearest whole number for partial years. If employment duration is from 0 to 5 months, round off to 0.</p> <p>16 Professional Liability Insurance (PLI)</p> <p>All practising registrants* must carry <u>personal liability insurance</u> to register as an active PT in N.B.</p> <p>You must send proof of your PLI to CPTNB along with your application form.</p> <p>* Exception= Temporary registrants <u>may</u> be eligible to practise with only employer or event coverage – see details and the declaration.</p> <p>17 Current Status</p> <p>Check: Not Applicable or:</p> <p>01 Not Employed 02 Looking for another job in another profession 03 Working in another profession 04 Seeking refresher course outside profession 05 Furthering education in profession 06 Retired</p> <p>18 Employment</p> <p>Employers 1, 2 and 3 allow you to record work being performed for different employers. If all work is with one employer, regardless of how many roles you have, record only in Employer 1.</p>	<p>18B Employment Type 35+ hours/week = full time</p> <p>Permanent 01 Full-time by Choice 02 Full-time seeking Part-time 03 Part-time 04 Part-time seeking Full-time</p> <p>Temporary 05 Temporary Full-time 06 Temporary Part-time</p> <p>Casual 07 Casual by Choice 08 Casual Seeking Part-time 09 Casual Seeking Full-time</p> <p>Leave of Absence 10 Leave of Absence (LOA) 11 Parental Leave 12 Sick Leave 13 Long Term Disability 14 Education Leave 15 Worker's Compensation 16 Entrepreneurial Leave</p> <p>18F Role(s) Select role(s) which best apply to you. 01 Clinician 02 Administrator 03 Educator 04 Consultant 05 Researcher 06 Clinical Coordinator 99 Other</p> <p>18G Service Location Indicate where you usually provide service. 01 School(s) 02 Daycare(s)/Preschool(s) 03 Hospital(s) 04 Community Health Centre(s) 05 Stan Cassidy Centre for Rehabilitation 06 Provincial Psychiatric Facility 07 Client's Home/Residence 08 Nursing Home(s) 09 Mental Health Centre(s) 10 Client's Workplace 11 Private Office/Clinic/Company 12 Community Agency Office 13 WorkSafe/WRC 14 University/College 15 Provincial Government Office 99 Other</p>	<p>18H Client Base</p> <p>Select your primary client group. 01 Mixed (equal proportions) 02 Infants/Preschool Children 03 School Age Children 04 Adults 05 Seniors 06 Mixed with >50% infants/preschool 07 Mixed with >50% school age 08 Mixed with >50% adults 09 Mixed with >50% seniors 10 50% infants/preschool and 50% school age 11 50% adults; 50% seniors 98 Not Applicable 99 Other</p> <p>18I Level of Client</p> <p>01 Mixed 02 Acute 03 Rehabilitation 04 Long Term Care 05 At risk 98 Not Applicable 99 Other</p> <p>18J Language of Service</p> <p>01 English 02 French 03 French and English 04 Migmac 05 Maliseet 06 Passamaquoddy 07 Sign Language 99 Other</p>	<p>18K Area of Practice</p> <p>01 Mixed 02 Orthopaedics 03 Geriatrics 04 Neurology 05 Rheumatology 06 Cardiology 07 Burns/Plastics 08 Prevention/Health Promotion 09 Obstetrics 10 Respiratory 11 Medical/Surgical 12 Sports Medicine 13 Neonatology 14 Paediatrics 98 Not Applicable 99 Other</p> <p>18L Average Hours</p> <p>Provide information for an average week of work as of the date you are completing this form. These hours represent a snapshot at one point in time only, whereas the hours recorded in Question 3 are the total hours worked in the calendar year.</p> <p>Total hours for all roles combined must be for one week average only.</p> <hr/> <p style="text-align: center;">Geographical Codes For Questions 2a, 4, 11a, 11b and 18</p> <p>910 Newfoundland and Labrador 911 Prince Edward Island 912 Nova Scotia 913 New Brunswick 924 Quebec 935 Ontario 946 Manitoba 947 Saskatchewan 948 Alberta 959 British Columbia 960 Yukon Territory 961 Northwest Territories 962 Nunavut 999 Outside of Canada</p>
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**** Codes continued on other side or page 1****

COLLEGE OF PHYSIOTHERAPISTS OF NEW BRUNSWICK

Individual Professional Liability Insurance (PLI) is required for all active members

CPTNB does not have the mandate or expertise to evaluate PLI programs, nor does it endorse programs and monitor outcomes, etc. You may seek information and make your own choice.

Here are two commonly used PLI sources by NBPTs:

OPTION 1

CPTNB Council supports the Aon insurance program offered through membership in the Canadian Physiotherapy Association (CPA) since it is the one which the profession endorses and from which the association also receives benefits.

www.physiotherapy.ca

1 -800-387-8679

OPTION 2

Members choosing a non-CPA linked insurance policy may choose PhysioSure.

www.physiosure.ca

1-800-328-7887

Sample Content re Character Letters for Applicants to CPTNB

Sender's full name and address

Date

Dear Registrar:

I, _____, have known (insert full name of applicant)
_____ for ____ X ____ years, in my capacity as a
...(insert reference e.g. work colleague, family acquaintance, friend, etc.)_____

INSERT any other specific comments you may wish and/or:

I confirm he/she is a person of good character befitting the profession of physiotherapy and to my knowledge, would practise physiotherapy within the expectations of the College in relation to its standards and ethics.

Signature of reference:

Date: