

## Registration Checklist for Private Practice that is not a corporation

Send all questions to [info@cptnb.ca](mailto:info@cptnb.ca).

Business name (please print): \_\_\_\_\_

### Regulation 5(1): Permissible Forms of Practice and Ownership

*No member shall practise physiotherapy in the employ or as a partner of any other person or as an officer, director, shareholder or employee of any corporation which person, partnership or corporation offers, by itself or on behalf of the member, physiotherapy services to the general public unless such other person is a member of the College or such corporation is registered under the Act or is a: (a) public hospital; (b) any health or educational facility operated by the Government of New Brunswick or Canada; or (c) a not for profit or charitable institution.*

**You must enclose a copy of this checklist with your application.**

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

- Completed in full, including a copy of the Business Name(s) Certificate(s) from Corporate Affairs, if practice will use a name other than your personal name.
- Signed and dated
- E-mailed to the College at [info@cptnb.ca](mailto:info@cptnb.ca).

**2. Send fee payment by:**

- Mail cheque/money order
- E-mail Interac e-transfer to [info@cptnb.ca](mailto:info@cptnb.ca)

**NEW PRIVATE PHYSIOTHERAPY PRACTICE APPLICATION**

**Private Practice Fee = \$100.**  
**Add \$25 fee for each branch of main clinic, if applicable.**

Please note that fees are subject to change without notice.

**Make cheque or money order payable to the *College of Physiotherapists of NB***

.....**PRINT OR TYPE ONLY**.....

**Principal Business Name as on Corporate Affairs Certificate:**

*If you are practising in your own name - list it here. If you are using a public name other than your personal name, list it here and provide a copy of the business name certificate from Corporate Affairs.*

**Location/Facility Address (for public distribution):**

\_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Tel #1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel #2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Preferred Mailing Address, if different from above (for CPTNB records only):**

\_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Check YES below if you wish CPTNB to list your e-mail address(es) in the public directory:

<b>E-mail #1:</b>	→ Yes <input type="checkbox"/> include in public directory
<b>E-mail #2:</b>	→ Yes <input type="checkbox"/> include in public directory

List and enclose Corporate Affairs certificates for all other **physiotherapy business names/services and addresses from same or different locations**. Attach extra page if needed.

**Other Physiotherapy Locations/Facilities with Same Owner(s) (for public distribution):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Tel #1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel #2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>E-mail:</b>	→ Yes <input type="checkbox"/> include in public directory
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**Names and CPTNB Reg # of all non-owner physiotherapists practising in any of the above businesses:**


**Names and CPTNB Reg # of all owners:**


**Authorized PT (owner)**

**Print Name:** \_\_\_\_\_ **CPTNB Reg #** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_

*On behalf of all owners/partners*