

## Application for Entry to the Specialized Practice Sub-register and Authorization to use Title Specialist

Name: \_\_\_\_\_ CPTNB#: \_\_\_\_\_  
*Type/Print ONLY*

I am applying for entry to the specialized practice sub-register and the following specialty certification/designation:

**Physiotherapy Specialty Certification Board of Canada**

- Cardiorespiratory
- Musculoskeletal
- Neurosciences
- Oncology
- Paediatrics
- Pain Sciences
- Seniors' Health
- Sport Physiotherapy
- Women's Health

**American Board of Physical Therapy Specialties**

- Cardiovascular & Pulmonary
- Clinical Electrophysiology
- Geriatrics
- Neurology
- Orthopaedics
- Pediatrics
- Sports
- Women's Health

Date certification awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date certification expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Declaration Statements:**

- I declare that I hold the specialty certification indicated on this application form
- I understand that I must inform the CPTNB immediately if I no longer hold the specialty certificate
- I understand that I can only use the title specialist while authorized by the CPTNB
- I certify and declare that the information provided in this application is true
- I enclose a copy of the specialty certification.

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

**Await confirmation from the Registrar before using the title Specialist**

**Submit application by e-mail to [info@cptnb.ca](mailto:info@cptnb.ca)**

<p>OFFICE USE</p> <p style="text-align: right;">Date received: _____</p> <p style="text-align: right;">Date approved: _____ C_____</p>
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