

Registration Checklist Reinstatements

(not registered in the previous year in N.B. or elsewhere in Canada, but at some time in the past)

Send all questions to info@cptnb.ca.

Print name: _____

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

1. The application form must be:

- ☐ Completed in full, including all personal and employment information
- ☐ Signed and dated
- ☐ E-mailed to the College at info@cptnb.ca

2. Send TWO separate fee payments:

- ☐ Payment for non-refundable application fee
- ☐ Payment for registration fee

Payment options:

1) Mail cheques/money orders 2) E-mail Interac e-transfers to info@cptnb.ca

3. Individual Professional Liability Insurance (PLI): (for Active (practising) licence)

- ☐ Copy of Certificate of Individual Insurance **or**
- ☐ Other proof of coverage

4. Letter of Professional Standing (LOPS) – Verifications (if other than N.B.)

- ☐ From all current and previous regulators **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)

5. Practice experience:

- ☐ Evidence of minimum physiotherapy practice hours in the last five years (1200 hours/5 yrs) as reported on the application form

6. Completed Application for CPTNB Sub-Register(s)

- ☐ Acupuncture/Dry Needling
- ☐ Specialized Practice

7. Good character and reputation:

- ☐ Two signed **letters of reference** attesting to the applicant's good character (not from family members)

APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST IN NEW BRUNSWICK

Send all questions to info@cptnb.ca.

Your information must be TYPED or PRINTED only.

OFFICE USE ONLY

Registration # _____

I Personal Information

Name: _____
 Family/Last Name First Name Middle Name(s)

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

I prefer CPTNB communications to be in English ☐ or French ☐

Residential Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

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

Email: Personal _____ Work _____

II Academic Background

1. Physiotherapy Education

Degree Type Achieved _____	University/College _____	When Was Your Degree Obtained? <input type="checkbox"/> As you entered the profession <input type="checkbox"/> After you had started practising
Province/State/Country _____	Year _____	

Degree Type Achieved _____	University/College _____	When Was Your Degree Obtained? <input type="checkbox"/> As you entered the profession <input type="checkbox"/> After you had started practising
Province/State/Country _____	Year _____	

2. Post-Secondary Education Other Than Physiotherapy

Degree Type Achieved _____ Program or Faculty _____

University/School _____ Province/State/Country _____ Year _____

Degree Type Achieved _____ Program or Faculty _____

University/School _____ Province/State/Country _____ Year _____

III Professional Liability Insurance (PLI) - Required to register as "Active"

Specify Policy: ☐ BMS/CPA ☐ Other → Specify Name of Insurance Co/Policy: _____

IV Physiotherapy Competency Examination – Report all that apply

Click on DATE Box for Auto Calendar

Written Component	Date (dd/mm/yyyy)	Clinical Component	Date (dd/mm/yyyy)
Passed		Passed	
1st Unsuccessful attempt		1st Unsuccessful attempt	
2nd Unsuccessful attempt		2nd Unsuccessful attempt	

V Practice Hours

Report current year physiotherapy practice hours to date: _____ / and paid practice hours during the last 5 years*

YEAR	2023	2022	2021	2020	2019	TOTAL
HOURS						

*Recent graduates (i.e. practising as a registered PT less than 1 year) Check N/A ☐

VI Practice/Employment History – Last Five Years

Are you currently practising physiotherapy? Yes ☐ No ☐

IF NO, explain and go to Question VII: _____
(e.g. Stopped Practising/Moving to N.B./Seeking Employers/Recent Graduate/On Leave, etc.)

IF YES, complete details below in parts A & B:

VI A. Name of Current Employer/Facility			
Employer/Facility Name: _____		Position Held _____	
Start Date of Employment	_____/_____/_____ Day Month Year	Pending/Past End Date	_____/_____/_____ Day Month Year
Address:	_____ Street #	_____ City/Town	_____ Province/State
			_____ Postal/Zip Code

Complete ALL details below for all other physiotherapy employment during the last five years, if any.

VI B. Name of Past Employer/Facility			
Employer/Facility Name: _____		Position Held _____	
Start Date of Employment	_____/_____/_____ Day Month Year	Pending/Past End Date	_____/_____/_____ Day Month Year
Address:	_____ Street #	_____ City/Town	_____ Province/State
			_____ Postal/Zip Code

If more than one employer in past five years, check here ☐ and add page(s) with same details for those.

VII Registration History as a Physiotherapist If none, skip to VIII

1. Complete details for each regulator where you are now or have ever been registered as a PT:

Name of Regulator / Province / Jurisdiction

From: _____ To: _____
Registration Dates

Licence #

Name of Regulator / Province / Jurisdiction

From: _____ To: _____
Registration Dates

Licence #

If more than two regulators, check here ☐ and add page(s) with same details for those.

2. Are you currently undergoing an investigation or are you subject to an unprofessional conduct process of any organization responsible for regulating or licensing physiotherapists? Yes ☐ No ☐

3. Have you ever been disciplined by any authority during your physiotherapy practice? Yes ☐ No ☐

VIII Practice / Registration as Another Professional

All applicants must answer Q1

1. Have you ever been registered or licensed to practise in a profession other than physiotherapy? Yes ☐ No ☐

If NO, skip to the next section ■ If YES, you must also answer the following questions:

2. Are you currently undergoing an investigation or subject to an unprofessional conduct process by any organization responsible for regulating this profession? Yes ☐ No ☐

3. Have you ever been disciplined by any regulatory authority while in this profession? Yes ☐ No ☐

4. Provide the following details for each organization where you have been registered/licensed for the last 5 years of your practice of the profession:

Name of Regulator / Province / Jurisdiction

From: _____ To: _____
Registration Dates

Licence #

Name of Regulator / Province / Jurisdiction

From: _____ To: _____
Registration Dates

Licence #

IX New Brunswick Physiotherapy Employment

Complete this section if you know where you will be practising in N.B. **ALL DETAILS ARE REQUIRED**

1. _____
Name of Facility/Employer

_____ Location of facility (street, city/town, postal code)

(506) _____ - _____ (506) _____ - _____
Tel Fax

_____/_____/_____
Day Month Year
Anticipated start date

2. _____
Name of Facility/Employer

_____ Location of facility (street, city/town, postal code)

(506) _____ - _____ (506) _____ - _____
Tel Fax

_____/_____/_____
Day Month Year
Anticipated start date

X Sub-Registry Information

If you are applying to also be entered in a sub-register, check below. If not, go to **XI**.

XI. Acupuncture/Dry Needling → Supplementary Application Enclosed
Supplementary Application Pending

___ Specialized Practice → Supplementary Application Enclosed
Supplementary Application Pending

XI Declaration

I (Print Name) _____ hereby:

- i. Certify that the information given in the application is true, correct and complete to the best of my knowledge and belief, and I agree to inform CPTNB if any responses change between now and the date my registration is approved;
- ii. Agree to be bound by the terms of the N.B. Physiotherapy Act, Regulations and Rules;
- iii. Agree to maintain my Professional Portfolio;
- iv. Understand that I am responsible for maintaining compliance with all requirements under the provisions of the N.B. Physiotherapy Act, Regulations and Rules, including completion of a Jurisprudence Examination;
- v. Certify that my ability to practise physiotherapy is not impaired by any impediment;
- vi. Affirm that there are no past or outstanding disciplinary matters or restrictions on my right to practise in any jurisdiction where I have, at any time, been authorized to practise;
- vii. Declare I have, and will maintain required individual professional liability coverage while practising physiotherapy.

Signature _____

Family Name at Birth (Print) _____ Date _____

All Former Last Names _____ / _____

**The completed application may be sent to CPTNB by regular mail, fax or e-mail.
Be sure to enclose a copy of the Registration Checklist and Payment.**

OFFICE USE ONLY

Received _____ Amount _____ Approved _____ Cat: _____

