

Registration Checklist Temporary Applicants

(for visitors/instructors registered in another jurisdiction- 30 days maximum)

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

2. **Fee payment** made by the following:

- Payment options for registration fee
 - Mail cheque/money order
 - E-mail Interac e-transfer to info@cptnb.ca

Payment is being made by: (name/organization/sponsor, etc.) If so:

By (Name): _____

From (E-mail): _____

3. **Individual Professional Liability Insurance (PLI):**

(may be optional – depending on event) Contact CPTNB

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

4. **Description/Reason for Temporary Registration:**

Applicant and course/event organizers are responsible for ensuring that CPTNB receives details of the course, event or reason for visit with, or in advance of, the application including: exact dates, name of course/event, location, participants/target group, and notice as to whether patients are involved.

- Supplementary form** is enclosed or
- Letter is enclosed

5. **Letter of Professional Standing (LOPS) - Verifications**

- From all current and previous regulators in 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)

**Temporary/Telepractice Application for Visitors/Instructors
(30 days maximum)**

PRINT/TYPE ONLY

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

I **prefer** communications in English or French

II Practice/Licence Information

1. Total years in Physiotherapy practice _____

2. How many physiotherapy practice hours have you accumulated in the immediately preceding five years? _____

3. Where are you registered as a PT now? (Name all current jurisdictions where you are registered)* _____

4. Where have you been registered in the last five years? (Name all past jurisdictions where you were registered)* _____

**CPTNB requires proof of professional standing from ALL jurisdictions
listed in # 3 & 4 above.**

Refer to Application Check List for Details

III Temporary New Brunswick Practice Information

1. 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 recurrent event/visit in the same 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 Received: _____ Date Approved: _____

Complete and forward with each application form

SUPPLEMENTARY FORM

**NEW BRUNSWICK PHYSIOTHERAPY REGISTRATION
for TEMPORARY PRACTICE in New Brunswick**

DESCRIPTION/TITLE (event or course)

DATE(s)

LOCATION(s) (facility/ies and city/ies/towns)

NAME OF LOCAL CONTACT/ORGANIZER or CHECK HERE [] IF NONE

Organizer's E-mail address: _____ Fax: _____

YOUR NAME: (PRINT) _____

SIGNATURE: _____

DATE: _____