College of Physiotherapists of New Brunswick
Collège des physiothérapeutes du Nouveau-Brunswick

Practice-Based Assessment Application/Checklist

for Provisional Registrants Seeking Full Licensure

Name of provisional registrant (please print): _____ CPTNB # _____

PLEASE NOTE: It is the responsibility of the provisional registrant to ensure that all requirements are completed in full and submitted to the College in a timely manner.

1. **This application form must be:**
   ○ Completed in full
   ○ Signed and dated
   ○ Sent by regular mail to the College or via e-mail to info@cptnb.ca

2. **Choose one option for payment of the <u>non-refundable</u> application fee:**
   ○ Cheque for $150 made payable to CPTNB
   ○ E-transfer for $150 sent to info@cptnb.ca

3. **Verification of clinical practice hours (min. 1200 hours required)**:

List <u>all positions held</u> while on the CPTNB provisional registry.

Name of Facility/Employer #1: _____

Name of monitor(s): _____

Dates worked in this location: _____/_____/_____ to _____/_____/_____
                                 D   M   Y   D   M   Y

Total number of hours worked in this location: _____

Signature of monitor: _____

If applicable…

Name of Facility/Employer #2: _____

Name of monitor(s): _____

Dates worked in this location: _____/_____/_____ to _____/_____/_____
                                 D   M   Y   D   M   Y

Total number of hours worked in this location: _____

Signature of monitor: _____

If more than two employers, add page(s) with same details.

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4. **The following three (3) items must be submitted <u>by the provisional registrant</u> directly to the Assistant Registrar at** info@cptnb.ca**:**

◯ Clinical case history

◯ Professional portfolio

◯ Proof of completed CPTNB Jurisprudence Exam

5. **The following two (2) items must be submitted <u>by the monitor(s)</u> directly to the Assistant Registrar at <u>info@cptnb.ca</u>:**

◯ Assessment of Clinical Performance (ACP)

◯ Letter of support

6. **Is the provisional registrant currently undergoing an investigation or subject to an unprofessional conduct process by any organization responsible for regulating this profession?**

◯ Yes

◯ No

Has the provisional registrant ever been disciplined by any regulatory authority while in this profession?

◯ Yes

◯ No

7. **Declaration**

I (print name), _____ , hereby certify that the information given in this application is true, correct, and complete to the best of my knowledge.

Signature of provisional registrant: _____

Date: _____ / _____ / _____
　　　　 Day 　 Month 　 Year

OFFICE USE ONLY

Received _____ Amount _____ Approved _____ Cat: _____

_____

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