

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

**2. Choose one option for payment of the non-refundable application fee:**

- E-transfer for \$600 sent to [info@cptnb.ca](mailto:info@cptnb.ca)
- Cheque for \$600 made payable to CPTNB and mailed to CPTNB, P.O. Box 8056, Dieppe, NB E1A 9M7

**3. Verification of **minimum of 1200 clinical practice hours** required:**

**List all positions held while on the CPTNB provisional registry:**

**Name of Facility/Employer #1:** \_\_\_\_\_

Name of primary monitor or supervisor: \_\_\_\_\_

Dates worked in this location: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y D M Y

Total number of hours worked in this location: \_\_\_\_\_

Signature of primary monitor/supervisor: \_\_\_\_\_

**If applicable...**

**Name of Facility/Employer #2:** \_\_\_\_\_

Name of primary monitor or supervisor: \_\_\_\_\_

Dates worked in this location: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
D M Y D M Y

Total number of hours worked in this location: \_\_\_\_\_

Signature of primary monitor/supervisor: \_\_\_\_\_

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

4. The following three (3) items must be submitted by the provisional registrant directly to the Assistant Registrar at [info@cptnb.ca](mailto:info@cptnb.ca):

- Clinical case history
- Professional portfolio
- Proof of completed CPTNB Jurisprudence Exam

5. The following two (2) items must be submitted by the monitor(s) directly to the Assistant Registrar at [info@cptnb.ca](mailto:info@cptnb.ca):

- 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

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**OFFICE USE ONLY**

Received \_\_\_\_\_ Amount \_\_\_\_\_ Approved \_\_\_\_\_ Cat: \_\_\_\_\_

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