

**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 non-refundable application fee:

- Cheque for \$600 made payable to CPTNB
- E-transfer for \$600 sent to info@cptnb.ca

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

List all positions held 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.

4. The following three (3) items must be submitted by the provisional registrant 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 by the monitor(s) directly to the Assistant Registrar at 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

OFFICE USE ONLY

Received _____ Amount _____ Approved _____ Cat: _____

