

PROFESSIONAL PORTFOLIO OF:		#
	PRINT name and CPTNR Reg #	

Complete and include this checklist with your portfolio and put the corresponding # on each document.

		But all and all all all all all all all all all al					
		2025 Portfolio	YES ✓	NO ✓	Comments (optional)		
I. E	vidence	of minimum requirements such as:		1			
1.	An up	dated, résumé/curriculum vitae (CV)					
2.	Job ar	nd/or Practice Setting Descriptions					
3.	Perfo	rmance Appraisals and Reference letters					
4.	Copie	s – current only (2024/25)					
	i.	CPTNB Licence					
	ii.	Professional Liability Insurance Policy					
5.	Crede	ntials/Evidence of:					
	i.	Physiotherapy degree(s)					
	ii.	Other formal education (e.g. PCE)					
6.	Evider	nce of qualifications re (pre-approved by CPTN	IB) sub-	regist	ers, if relevant:		
	i.	Acupuncture-Dry Needling					
	ii.	Specialty Certifications					
On	ly checl	k YES if items #7-10 are dated from 2019-2024	. If olde	er, che	ck NO		
7.	Recor	d/log of other relevant professional developm	ent/cor	ntinuin	g education:		
	i.	Courses/Workshops					
	ii.	Presentations/Surveys Developed or					
		Completed					
	iii.	Physiotherapy Reading/Research					
	iv.	In-Services/PT health Committees/Projects					
	٧.	Chart Audit Reviews					
8.	8. Documentation (e.g. certificates) indicating participation/involvement in:						
	i.	Courses/Workshops					
	ii.	Presentations/Surveys					
		Supervision/Monitoring of Others					
		Regulatory or Association Roles					
		e of more advanced components such as:	_	1			
9.		ng Plan or Goals/Needs					
10		eflection Components	1				
	i	Practice Self-Assessments					
	ii.	Patient Care Reflection					
	iii.	Critical Incident(s) Reflection					

Signature:	Date:		
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