

PROFESSIONAL PORTFOLIO OF: \_\_\_\_\_ # \_\_\_\_\_  
 PRINT name and CPTNB Reg #

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

2024 Portfolio	YES ✓	NO ✓	Comments (optional)
<b>I. Evidence of minimum requirements:</b>			
1. An updated, résumé/curriculum vitae (CV)			
2. Job and/or practice setting descriptions			
3. Performance appraisals and references			
4. Copies – <b>current</b> only (2024/25)			
i. CPTNB licence			
ii. Professional liability insurance policy			
5. Credentials/Evidence of:			
i. Physiotherapy degree(s)			
ii. Other formal education (e.g. PCE)			
6. Evidence of qualifications for CPTNB sub-registers, if relevant:			
i. Acupuncture-Dry Needling			
ii. Specialty certifications			
<b>Only check YES if items #7-10 are dated from 2019-2024.</b>			
7. <b>Record/log</b> of other <u>relevant</u> professional development/continuing education:			
i. Courses/workshops			
ii. Presentations/surveys developed or completed			
iii. Physiotherapy reading/research			
iv. In-Services/PT health committees/projects			
v. Chart audit reviews			
8. <b>Evidence/Documentation</b> (e.g. records/certificates) indicating participation/involvement in:			
i. Courses/workshops			
ii. Presentations/surveys			
iii. Supervision/monitoring of others			
iv. Regulatory or association roles			
<b>II. Evidence of more advanced components (all <u>mandatory</u>, except possibly 10. iii.) :</b>			
9. Learning plan or goals/needs			
10. Self-reflection components			
i. Practice self-assessments			
ii. Patient care reflection			
iii. Critical incidents reflection			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YY