

PROFESSIONAL PORTFOLIO OF: \_\_\_\_\_ # \_\_\_\_\_

PRINT NAME

CPTNB REG. #

**Complete and include this checklist with your portfolio and put the corresponding # on each document. Please refer to the guidance document for more detail on each section.**  
**Portfolios that are missing sections will be returned to sender for completion.**

<b>2026 Portfolio</b>	<b>YES</b> ✓	<b>NO</b> ✓	<b>Comments (optional)</b>
<b>I. Evidence of minimum requirements such as:</b>			
<b>1.</b> An updated, résumé/curriculum vitae (CV)		N/A	
<b>2.</b> Job and/or Practice Setting Descriptions		N/A	
<b>3.</b> Performance Appraisals and Reference letters		N/A	
<b>4.</b> Copies – <b>current only</b> (2024/25)			
i. CPTNB Licence		N/A	
ii. Professional Liability Insurance Policy		N/A	
<b>5.</b> Credentials/Evidence of:			
i. Physiotherapy degree(s)		N/A	
ii. Other formal education (e.g. PCE)		N/A	
<b>6.</b> Evidence of qualifications for CPTNB approved sub-registers, if relevant:			
i. Acupuncture-Dry Needling			
ii. Specialty Certifications	N/A	N/A	<b>NOT CURRENTLY AVAILABLE</b>
<b>Only check YES if items #7-10 are dated from 2020-2025. If older, check NO.</b>			
<b>7. Record/log</b> of other relevant 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			
<b>8. Documentation</b> (e.g. certificates) indicating participation/involvement in:			
i. Courses/Workshops			
ii. Presentations/Surveys			
iii. Supervision/Monitoring of Others			
iv. Regulatory or Association Roles			
<b>II. Sections 9-10 are mandatory! Evidence of more advanced components such as:</b>			
<b>9.</b> Learning Plan or Learning Goals		N/A	
<b>10.</b> Self-Reflection Components			
i. Practice Self-Assessment		N/A	
ii. Patient Care Reflection		N/A	
iii. Significant Incident Reflection		N/A	

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

MM/DD/YY