Nova Scotia Regulator of Physiotherapy
PO Box 5082, Waverley, NS B2R 1S2
1-902-510-0737 | Fax: 1-902-245-3134

Regulatory History Form

send to: info@nsphysio.com

SECTION 1: CONSENT FOR RELEASE OF INFORMATION This section is to be completed by the applicant and sent to the Nova Scotia Regulator of Physiotherapy for completion.		
Applicant's Name	**Applicant's Registration Number**	**Applicant's Date of Birth** (dd/mm/yyyy)

By signing, I authorize the Nova Scotia Regulator of Physiotherapy (NSRPT) or _____

_____ to complete the **information required in Section 2**.

I understand and accept that this means the NSRPT will provide full disclosure of any and all information requested in addition to information determined to be relevant to my application for registration as a physiotherapist.

_____ _____

Applicant Signature Date (dd/mm/yyyy)

Requesting Regulator:	**Email address:**
SECTION 2: REPORT ON REGULATORY HISTORY (Completed by the Office and returned directly to the requesting Regulatory Authority)	
Registrant Name	**Registration Number**
Initial Date	**Expiry Date**
Registration Dates	**Licence Type Held** *(practicing, restricted, provisional etc)*
Current Registration Status *(Active, NPLOA, RIGS)*	
Clinical Exam Results	
PCE Year:	**No. of Attempts:**

If the individual has not completed the PCE – clinical, what did they complete in your / other Canadian jurisdiction (if known) to meet the clinical exam requirements?

☐ Provincially administered OSCE
☐ Practice Assessment

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☐ Structured Interview
☐ Other: _____

No. of Attempts: _____

Date Completed	**Evaluation Results** (Pass/Fail)
Practice Hours Reported (past 5 years)	
Year	**Practice Hours**
2026	
2025	
2024	
2023	
2022	
Total:	

Current Inquiry

Details of ***CURRENT*** involvement in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in Nova Scotia. *An inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.*

☐ **No current involvement on record.**
☐ **Yes, currently involved**. *(provide details including whether there are current terms, conditions or restrictions on the applicant's license because of the inquiry or proceeding.)*

Previous Inquiry

Details of ***PREVIOUS*** involvement in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in Nova Scotia which resulted in actions against the applicant. *An inquiry or proceeding can include, but is not limited to, a matter before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.*

☐ **No previous involvement on record.**
☐ **Yes, previous involvement on record.** What was the outcome of the inquiry or proceeding?
What is the status of the outcome? (E.g. concluded, outstanding)

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Reported Criminal Charges and/or Convictions	
Describe any reported criminal charges and/or convictions, as well as any other outstanding charges against the Applicant:	
Name and Title of Signatory:	**NOVA SCOTIA REGULATOR OF PHYSIOTHERAPY**
Signature:	**Date of Issue:** (dd/mm/yyyy)

This information is valid on the date of issue.