

PLEASE MAKE REMITTANCE PAYABLE IN CANADIAN FUNDS TO THE NOVA SCOTIA COLLEGE OF PHYSIOTHERAPISTS

Annual Registration \$420.00

3 Month Registration \$210.00



REGISTRANT CATEGORY

- Practicing
- 3 Month Practicing
- Non-Practicing
- Sponsored

APPLICATION FOR REGISTRATION

For Office use only: Approved Date: _____ Initials: _____
 Rejected Date: _____ Initials: _____
 Missing Info: _____ Reg. # 00 _____

Name: _____
Surname Given Names in full

Address: _____
Street Address or PO Box Town/City Postal Code Country

Telephone # _____ Email Address: _____

Language Proficiency: English French Other (please state) _____

Birth Date: _____ D/M/Y **Gender:** Male Female Other

Eligibility: CITIZEN IMMIGRANT WORK VISA

Current Member of CPA Yes No
 Malpractice Insurance: CPA Hosp. Other
 (Enclose proof of coverage for each)

Employment Status in NS:
 Seeking employment

Accepted position:

Employer Name: _____

Site: _____

Employee Self-employed
 FT PT

Start Date: _____

Qualifications:
 QE completed Yes No
 Registered for the Clinical (PNE) Yes No PCE Completion Date _____
 Year of Graduation PT Program: _____ Year of Initial PT Registration: _____

Physiotherapy Education

Title	√	Year	Institution	Province/ Country
Diploma				
Baccalaureate				
Masters (Entry)				
Masters (Clinical)				
Doctorate				

Other Education

Degree Title	Year	Institution	Province/ Country

Previous Registration
 In Nova Scotia Yes No Dates _____ Practicing Non-Practicing Provisional
Jurisdiction last registered in:

 Province/ country _____ Month/Year _____ Place of employment _____

Concurrent Registration Yes No Practicing Non-Practicing
Jurisdiction(s) concurrently registered in:

 Province/ country _____ Month/Year _____ Place of employment _____

Employment for the past five years

Year	Place								
Practice Hours									

PAYMENT: Cash **Master Card** **Card #** _____
 Cheque **Visa** **EXP Date** _____
Name on credit card if different than above: _____

AFFIDAVIT:

I, _____, hereby certify that I am not presently subject to any out standing penalty or condition respecting a finding of professional misconduct, incompetence or incapacity, and that I am not the subject of a current inquiry or proceeding respecting my practice as a physiotherapist in any other jurisdiction.

I swear that the information given in these registration documents is true, correct and complete to the best of my knowledge.

I hereby give the Registrar permission to contact the Registrar in any of my previous jurisdictions to verify my information, and I have attached the names and contact information of 3 references.

 Signature of applicant _____ Date _____

I would like to receive my publications and correspondence from the College by: Email at _____
 or Mail at Home Work

REFERENCES:

First and Last Name	Contact Phone Number