

**THERE IS NO REMITTANCE
PAYABLE TO THE NOVA SCOTIA
COLLEGE OF
PHYSIOTHERAPISTS**



REGISTRANT CATEGORY
Practicing
3 Month Practicing

APPLICATION FOR PROVISIONAL REGISTRATION – CROSS BORDER Practice

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

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
Malpractice Insurance: CPA Hosp. Other (Enclose proof of coverage)
Practice Specialty: _____

Employment Status in NS:
 Client/Clinic Name: _____
 Employer Name: _____
 Site Address: _____
 Start Date: _____
 End Date: _____

Previous Registration
 Nova Scotia Yes No Dates _____ Practicing Provisional Reg # _____
 Other Jurisdictions...List...

 Province/ country Month /Year Place of employment

 Province/ country Month /Year Place of employment

 Province/ country Month /Year Place of employment

Concurrent Registration Yes No Practicing Non-Practicing

 Province/ country Registration # Place of employment

 Province/ country Registration # Place of employment

 Province/ country Registration # Place of employment

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 have no criminal record relative to my practice of physiotherapy. 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 current jurisdictions to verify my information.

 Signature of applicant Date