



PAYMENT AUTHORIZATION FORM

Credit Card Authorization Form

This form authorizes the Nova Scotia College of Physiotherapists to process payment for the fees that you check off below, using the credit card number that you provide. The College will not keep this information on file.

Personal Information (Please Print)	
Registrant Name:	NS REG# (If you already have one)
Address:	
Email:	

Registration Applications	Amount	Select (x)
Sponsored Practice Registration Fee (Sponsored Certificates are provisional)		
Sponsored Practice Registration Certificate	\$430 CAD	
Sponsored Practice Registration Certificate (3 Month) <i>(If you register between Aug 30th and September 31st or Jan 1st for 3 months)</i>	\$215 CAD	
Sponsored Practice Registration Certificate (After October 31 st of Current year) <i>(If you register after October 31st this certificate is valid for the remainder of current license year and all of the next year.)</i>	\$430 CAD	
Practice Registration Fees		
Practice Registration Certificate	\$430 CAD	
Practice Registration Certificate (3 Month) <i>(If you register between Aug 30th and September 31st or Jan 1st for 3 months)</i>	\$215 CAD	
Practice Registration Certificate (After October 31 st of Current year) <i>(If you register after October 31st this certificate is valid for the remainder of current license year and all of the next year.)</i>	\$430 CAD	
Provisional Registration		
Cross Border Registration Certificate	No Fee	
Temporary Registration Certificate (for courses/education/events)	No Fee	

Other Fees	Amount	Select (x)
Letter of Professional Standing	No Fee	
Fee for a Returned Cheque	\$40 CAD	
Disciplinary Action or Remediation Costs (fill in amount to be paid)		
Total \$		\$

Payment

Credit Card Information (please print clearly and include complete information)	
<input type="checkbox"/> I authorize the Nova Scotia College of Physiotherapists to charge the above amounts to this credit card:	
Card Number: _____ - _____ - _____ - _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard 	Expiry Date: __ / __