



RESIGNATION

Nova Scotia Physiotherapy License

Return to Email Address:

office@nsphysio.com

or mail to:

NSCP, Box 309, Dartmouth Main, Dartmouth, NS B2Y 3Y5

I, _____ License # _____

do hereby notify the Registrar of the Nova Scotia College of Physiotherapists that I will
be resigning my license effective on (Date)_____.

I confirm at this time that my practice hours for the current year total _____

And I have accumulated _____ Volunteer hours and _____ Continuing
Education hours in this current year as well.

Signature: _____ Date: _____