



**APPLICATION FOR TEMPORARY REGISTRATION (NO FEE)**

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| <b>For Office use only:</b> Approved <input type="checkbox"/> Date: _____<br>Rejected <input type="checkbox"/> Date: _____<br>Missing Info: _____ | Initials: _____<br>Initials: _____<br><b>Reg. # 00</b> _____ |
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|--|--|
| Name: _____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Surname</span> <span>Given Names in full</span> </div>   |  |
| Address: _____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address or PO Box</span> <span>Town/City</span> <span>Postal Code</span> <span>Country</span> </div> |  |
| Telephone # _____ Email Address: _____   |  |
| <b>Name AND Date of CE / Sporting Event:</b> _____   |  |

|   |   |
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| <b>Birth Date:</b> _____ D/M/Y  | <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> |
| <p><b>This form must be accompanied by:</b></p> <ol style="list-style-type: none"> <li>1) Malpractice Insurance Proof: (Enclose proof of coverage)</li> <li>2) Letter of Good Standing from your jurisdiction, if it isn't NS.</li> </ol> <p align="center"><b>RETURN FORMS TO; NSCP, PO Box 22, Smiths Cove, NS B0S 1S0 OR<br/>         registrar@nsphysio.com OR by fax to 1-902-245-3134</b></p> |   |

**Physiotherapy Education**

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

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| <p><b><u>AFFIDAVIT:</u></b></p> <p>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.</p> <p>I swear that the information given in these registration documents is true, correct and complete to the best of my knowledge.</p> <p>I hereby give the Registrar permission to contact the Registrar in any of my previous jurisdictions to verify my information.</p> |
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