

211-675 Pembina Hwy, Winnipeg, Manitoba, R3M 2L6  
 Phone: (204) 287-8502 Fax: (204) 474-2506

## APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

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Please indicate on which register you are submitting your registration:

**14** Active Register \$450.00      **05** Examination Candidate Register \$337.50  
**34** Inactive Register \$180

Rates are pro-rated effective August 1, please call for rates if registering on or after Aug 1.

### PERSONAL INFORMATION

CPM Number: (if previously a member) **Please provide an email address on order that we can notify you of newsletters and other important information.**

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Mr.  Dr.  Mrs.  Miss  Ms.  Previous Name (s) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ YYYY / MM / DD

Initial Province/State of Registration: \_\_\_\_\_ Year: \_\_\_\_\_

Previous Registration Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

### LANGUAGE FLUENCY

Please indicate language (s) in which you currently have the ability of providing physiotherapy services.

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**ENG** English Only      **FRE** French Only  
**QTY** English & French      **OTH** Other (Please specify) \_\_\_\_\_

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May we publicly provide this language information (i.e.: Member Register)?  Yes  No

**PROFESSIONAL REGISTRATION** If you are currently registered/licensed to practice as a physiotherapist in another jurisdiction or practice as another health provider, please list below.

**Regulatory Body/Other Health Provider: Provide full name (e.g. College of Physical Therapists of Alberta)**

### LIABILITY INSURANCE COVERAGE

Carrier \_\_\_\_\_ Amount \_\_\_\_\_

### For Office Use Only

Amount Paid	Receipt No.	Date	Register
Cheque No.	CPM No.	Members Manual	

**EDUCATION**

**Physiotherapy Education**

Credential	Institution Name	Province/Country	Year of Graduation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Credential Codes:** 10 Diploma    20 Baccalaureate    30 Master's    40 Doctorate

**Other Physiotherapy Credentials (eg. Acupuncture, Manipulation)**

Credential	Institution Name	Province/Country	Year of Graduation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Diploma    20 Certificate    30 Baccalaureate    40 Master's    50 Doctorate

**Education Profile (OTHER)**

If you received a **University** Degree/Diploma in Other than Physiotherapy, please complete

Credential	Year	Field of Study Code	School/University	Country of Graduation
<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Credential Codes:** 10 Diploma    20 Baccalaureate    30 Master's Degree    40 Doctorate

**Field of Study Codes:**

- |  |  |
|--|--|
| <b>010</b> General Rehabilitation Science                        | <b>100</b> Social Sciences, Arts and Humanities        |
| <b>020</b> Health Administration/Management                      | <b>110</b> Education                                   |
| <b>030</b> Public Administration                                 | <b>120</b> Law   |
| <b>040</b> Public Health   | <b>130</b> Business, Management, Marketing and Related |
| <b>050</b> Kinesiology and Exercise Science                      | <b>140</b> Other Field of Study                        |
| <b>060</b> Gerontology   | <b>150</b> Massage Therapy                             |
| <b>070</b> Psychology  | <b>160</b> Spinal Manipulation                         |
| <b>080</b> Health Professions and Related Clinical Sciences      | <b>170</b> Acupuncture                                 |
| <b>090</b> Biological, Biomedical Sciences and Physical Sciences | <b>999</b> Unknown                                     |

**Physiotherapy Competency Examination** (to be completed by new graduates, foreign educated or re-entry applicants).

Component	Date
Written Exam	<input type="text"/>
Practical Exam	<input type="text"/>

**Name of Mentor** (for new graduates):

**Name of Supervising Physiotherapist:**  
(for re-entry or Foreign-educated applicants)

**FUTURE EMPLOYMENT STATUS IN MANITOBA**

<input type="checkbox"/>	<b>14</b> Employed in Physiotherapy <b>24</b> Employed in Physiotherapy, On Leave <b>34</b> Employed in Other Than Physiotherapy and Seeking Employment in Physiotherapy <b>44</b> Employed in Other Than Physiotherapy and Not Seeking Employment in Physiotherapy <b>54</b> Unemployed and Seeking Employment in Physiotherapy <b>64</b> Unemployed and Not Seeking Employment in Physiotherapy <b>74</b> Employed, Unspecified <b>84</b> Unemployed, Unspecified
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**EMPLOYMENT INFORMATION**

**Primary Employment Site**

Name of Employer/Business Name:		
Address:		Postal Code:
Phone:	Fax:	Web site
Position/Title:		
<b>Employment Start Date:</b>		<b>End Date:</b>
DD / MM / YYYY		DD / MM / YYYY
<b>Employment Category</b>	<b>10</b> Permanent Employee <b>34</b> Employee Unspecified <b>20</b> Temporary Employee <b>40</b> Self- Employed <b>30</b> Casual Employee	<b>Employment Full time/Part time Status</b> <input type="checkbox"/> <input type="checkbox"/> <b>10 Full Time</b> <b>20 Part Time</b>

**Secondary Employment Site**

Name of Employer/Business Name:		
Address:		Postal Code:
Phone:	Fax:	Web site
Position/Title:		
<b>Employment Start Date:</b>		<b>End Date:</b>
DD / MM / YYYY		DD / MM / YYYY
<b>Employment Category</b>	<b>10</b> Permanent Employee <b>34</b> Employee Unspecified <b>20</b> Temporary Employee <b>40</b> Self- Employed <b>30</b> Casual Employee	<b>Employment Full time/Part time Status</b> <input type="checkbox"/> <input type="checkbox"/> <b>10 Full Time</b> <b>20 Part Time</b>

**DECLARATION STATEMENTS**

**Please provide particulars if answered Yes**

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your license/registration to practice physiotherapy in any province, state or country been cancelled, suspended or not renewed by a regulatory authority?	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had conditions imposed on your physiotherapy license or registration by a regulatory or licensing authority?	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been reprimanded or censured by a physiotherapy licensing authority?	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a criminal conviction?	
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently suffer from a physical or mental condition or disorder for which you have received treatment and which would affect your practice of physiotherapy?	
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you suffer from an addiction to alcohol or drugs?	
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever undertaken the Physiotherapy Competency Examination? If yes, please provide <b>all</b> examination dates.	

<b>Part 1 (Qualifying examination)</b>		<b>Part 2 (OSCE)</b>	
Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**I declare that to the best of my knowledge, the information provided on this form is correct and true.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Enclosures Required:**

- Proof of Eligibility
  - Evidence of successful completion of the Physiotherapy Competency Examination – Part 1
  - Confirmation of future employment in Manitoba, stating the date you will be starting work
  - Liability Insurance coverage
- Registration Fees
  - Register Fee as per the enclosed cover letter

**Please make remittance for total fees in Canadian Funds payable to CPM**  
(Payment options are: cheque, money order or cash in person)