

The College of Physiotherapists of Manitoba

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Chair: Gisèle Pereira
Vice Chair: Ricky Paggao
Registrar/Executive Director: Brenda McKechnie

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize
(Name of applicant)

(Name & address of physiotherapy regulatory authority)

to answer the following questions on my registration status for the completion of the Membership in Good Standing Form (below) to the College of Physiotherapists of Manitoba.

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

MEMBERSHIP IN GOOD STANDING FORM

1. Is the above applicant currently registered to practise physiotherapy in your jurisdiction? Yes No
2. If yes, please provide dates of registration: From _____ to _____
3. If no, was this person registered to practise physiotherapy in your jurisdiction in the past? Yes No
4. If yes, please provide dates of registration: From _____ to _____
5. Initial Date of registration _____
6. Are there any conditions/restrictions attached to this person's registration? Yes No
if yes, please describe _____
7. Is the above applicant the subject of an ongoing disciplinary investigation or does the applicant have a disciplinary record with your association? Yes No
If yes, please describe _____
8. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time? Yes No
If yes, please explain _____

Please
affix
seal

(Signature of Registrar or Designate)

(Date)