

# THE COLLEGE OF PHYSIOTHERAPISTS OF MANITOBA

211-675 Pembina Hwy, Winnipeg, Manitoba, R3M 2L6

Phone: (204) 287-8502 Fax: (204) 474-2506

## APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST STUDENT

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Please indicate on which register you are submitting your registration:

**01** 1<sup>st</sup> Yr Student \$35.00      **03** 3<sup>rd</sup> yr Student \$N/C  
**02** 2<sup>nd</sup> Yr Student \$N/C      **04** Student Out of Province \$35.00

### PERSONAL INFORMATION

CPM Number: (if previously a member)	<input type="checkbox"/> Email Notification (for newsletters and correspondence, please provide address below)		
Surname:	Given Name (s):		
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Previous Name (s)		
Address:	Postal Code:		
Country:			
Home Phone:	Home Fax:	Cell:	Pager:
Primary Email:	Alternate Phone:		
Alternate Email:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD / MM / YYYY		

### 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

### LOCATION OF FIELD PLACEMENT (S) FOR: [if known]

Name of Facility/Clinic/Hospital Authority/Agency:	
Address:	Postal Code:
Phone:	Fax:
Placement Start Date: DD / MM / YYYY	End Date: DD / MM / YYYY

### LOCATION OF FIELD PLACEMENT (S) FOR: [if known]

Name of Facility/Clinic/Hospital Authority/Agency:	
Address:	Postal Code:
Phone:	Fax:
Placement Start Date: DD / MM / YYYY	End Date: DD / MM / YYYY

### Office Use Only

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

**EDUCATION**

**Current Physiotherapy Education Program**

Credential	Year of Graduation	Present level	School/University	Country of Graduation
<input type="text"/> <input type="text"/>	YYYY			
<input type="text"/> <input type="text"/>	YYYY			

**Credential Codes:** 10 Diploma 20 Baccalaureate 30 Master's Degree 40 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"/> <input type="text"/>	YYYY	<input type="text"/> <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>080</b> Health Professions and Related Clinical Sciences      |
| <b>020</b> Health Administration/Management | <b>090</b> Biological, Biomedical Sciences and Physical Sciences |
| <b>030</b> Public Administration            | <b>100</b> Social Sciences, Arts and Humanities                  |
| <b>040</b> Public Health                    | <b>110</b> Education   |
| <b>050</b> Kinesiology and Exercise Science | <b>120</b> Law   |
| <b>060</b> Gerontology                      | <b>130</b> Business, Management, Marketing and Related           |
| <b>070</b> Psychology                       | <b>140</b> Other Field of Study                                  |

**DECLARATION STATEMENTS**

**Please provide particulars if answered Yes**

1. <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?	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you suffer from an addiction to alcohol or drugs?	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a criminal conviction?	

**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  
 If you are not a student from the University of Manitoba, a letter is required from your university confirming that you are eligible to undertake a clinical placement.
- Registration Fees  
 Initial processing fee of \$35.00 (1<sup>st</sup> Yr and Out of Province only)  
 Criminal Record Check (1<sup>st</sup> Yr and Out of Province)

**Please make remittance for total fees in Canadian Funds payable to CPM**  
(Payment options are: cheque, money order or cash in person, please do not mail cash)