



APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

Check one: ACTIVE REGISTER INACTIVE REGISTER

1.) PERSONAL INFORMATION

Prefix:	Surname:	Given Name(s):
Previous Name(s):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: YYYY/MM/DD	Country of Birth:	
Address:	City:	
Province:	Country:	Postal Code:
Home Phone: ()	Cell: ()	Alternate: ()
EMAIL		
Primary Email:	Alternate Email:	

2.) PHYSIOTHERAPY COMPETENCY EXAM (PCE) - If not previously provided

A. PCE PART 1 (WRITTEN COMPONENT)

Have you ever attempted PCE Part 1 (Written Component)? Yes No

If Yes, provide all exam dates:

Exam Date(s)	Results
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

REQUIRED DOCUMENT

- Submit Verification Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) to verify completion of PCE Parts 1 and 2.

FOR OFFICE USE ONLY

Register: _____

Amount Paid:		Receipt No.:		Date:	
Payment Type:		CPM No.:		Members Manual:	



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Active/Inactive

PHYSIOTHERAPY COMPETENCY EXAM (PCE) CONTINUED

B. PCE PART 2 (CLINICAL COMPONENT) - If not previously provided

Have you ever attempted PCE Part 2 (Clinical Component)? Yes No

If Yes, provide all exam dates:

Exam Date(s)	Results
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

REQUIRED DOCUMENT

- Submit Verification Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) to verify completion of PCE Parts 1 and 2.

3.) LANGUAGE PROFICIENCY

A. Please check the language(s) in which you have the ability to provide physiotherapy services:

ENG English only FRE French only QTY English and French OTH Other (Please specify) _____

B. Do you grant CPM permission to list your language(s) in our public Directory of Registered Members? Yes No

4.) EDUCATION

A. PHYSIOTHERAPY EDUCATION

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

Credential Code	Institution Name	Province	Country	Year of Graduation

REQUIRED DOCUMENT

- Submit a copy of your Diploma, Baccalaureate, Master's or Doctorate degree in physiotherapy.

B. BRIDGING PROGRAMS (If you are trained in Canada skip to Question C. on Page 3)

If you are Internationally Educated, have you completed a Bridging Program? Yes No

If you have completed a Bridging Program, which program did you participate in?



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EDUCATION CONTINUED

B. EDUCATION PROFILE (Other)

Have you received a university degree/diploma in a field of study other than physiotherapy? Yes No

If Yes:

Credential Codes: 10 Diploma | 20 Baccalaureate | 30 Master's | 40 Doctorate | 50 Certificate

Credential Code	Field of Study Code	School/University	Province	Country	Year of Graduation

Field of Study Codes

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

5.) HISTORY

INITIAL PROVINCE/TERRITORY OF CANADIAN EMPLOYMENT IN PHYSIOTHERAPY

Province/Territory: _____ Year: _____

PREVIOUS COUNTRY OF REGISTRATION

Country: _____

**APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST
 Exam Candidate Register**

6.) CURRENT REGISTRATION

A. Are you currently registered/licensed to practice as a physiotherapist in another jurisdiction? Yes No

If Yes:

Full name of Regulator / Association (e.g. College of Physical Therapists of Alberta): _____

B. Are you currently practicing as another health provider? Yes No

If Yes:

Profession:

Are you currently registered with another regulator? Yes No

Full name of Regulator / Association (e.g. College of Occupational Therapists of Manitoba): _____

7.) EMPLOYMENT/INSURANCE

A. **HAVE YOU SECURED EMPLOYMENT AS A PHYSIOTHERAPIST IN MANITOBA?** Yes No

If No:

You may apply for registration before you secure employment as a physiotherapist in Manitoba. However, once you apply for registration, you will have only 3 months to begin employment and produce the required documents listed at the end of this section.

B. EMPLOYMENT STATUS IN MANITOBA

➡ Code 14

Choose Code 14 if you have secured employment as a physiotherapist in Manitoba.

Your Code

Employment Status Codes

- 14** Employed in physiotherapy
- 34** Employed in other than physiotherapy and seeking employment in physiotherapy
- 54** Unemployed and seeking employment in physiotherapy

C. PRACTICE HOURS

Practice Hours are hours worked in physical therapy practice. This includes clinical practice, Physical Therapy administration, teaching, management, research and consultation where the knowledge, skills and abilities of a Physical Therapist constitutes the basis for the job responsibilities.

Practice Hours include hours worked in other jurisdictions.

Practice Hours do NOT include continuing education, volunteer work, professional association or college activities, vacation leave, sick leave, family leave, leave of absence, education leave or statutory holiday's hours.

Total

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EMPLOYMENT/INSURANCE CONTINUED

D. PRIMARY EMPLOYMENT SITE (For applicants who have secured employment as a physiotherapist in Manitoba)

Business Name: _____

Business Address: _____ City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____ Website: _____

Health Region: _____ Your Position/Title: _____

Supervisor Name: _____ Start Date (Estimated): YYYY/MM/DD _____ End Date (If known): YYYY/MM/DD _____

EMPLOYMENT CATEGORY - Select one

Your Code

Employment Status Codes

- | | |
|------------------------|--------------------------|
| 10 Permanent employees | 34 Employee, unspecified |
| 20 Temporary employee | 40 Self-employed |
| 30 Casual employee | |

EMPLOYMENT FULL TIME/PART TIME STATUS - Select one

Your Code

Employment Full Time/Part Time Status Codes

- | | |
|--------------|--------------|
| 10 Full Time | 20 Part Time |
|--------------|--------------|

AREA OF PRACTICE - Select one

Your Code

Area of Practice Codes

- | | |
|------------------------------|-----------------------------------|
| 014 General Practice | 050 Gerontology |
| 024 Sports Medicine | 054 Amputations |
| 034 Burns & Wound Management | 055 Mental Health |
| 044 Plastics | 060 Direct Patient Care |
| | 064 Orthopaedics |
| | 065 Womens Health |
| | 074 Rheumatology |
| | 080 Palliative Care |
| | 084 Vestibular Rehabilitation |
| | 090 Health Promotion and Wellness |

- | | |
|----------------------------------|-------------------------------------|
| 094 Perineal | 150 Research |
| 095 Home Care | 160 Other Areas of Practice |
| 100 Other Area of Direct Service | 174 Return to Work Rehabilitation |
| 104 Oncology | 184 Ergonomics |
| 110 Administration | 214 Consultant |
| 114 Critical Care | 234 Teaching, Physiotherapy related |
| 120 Client Service Management | 244 Continuing Education |
| 124 Cardiology | 254 Other Education |
| 134 Neurology | 264 Sales |
| 144 Respiriology | |

CATEGORY OF PATIENTS/CLIENTS - Select one

Your Code

Category of Patients/Clients Codes

- | | |
|---------------------|-------------|
| 24 Pediatric (0-17) | 44 All Ages |
| 30 Adult (18-64) | 50 Other |
| 40 Seniors (65+) | |

CLINICAL/NON-CLINICAL FOCUS OF PRACTICE - Select one

Your Code

Clinical/Non-clinical Focus of Practice Codes

- | | |
|---|--|
| 14 Clinical Focus on Musculoskeletal System | 44 Clinical Focus on Skin and Related Structures |
| 24 Clinical Focus on Neurological System | 54 Clinical Focus on More than One System |
| 34 Clinical Focus on Cardio Vascular & Respiratory System | 64 Non-clinical Focus |

LEVEL OF CARE - Select one

Your Code

Level of Care Codes

- | | |
|----------|-------------------|
| 10 Acute | 30 Long Term Care |
| 20 Rehab | 40 Mixed |

PATIENT TYPE - Select one

Your Code

Patient Type Codes

- | | |
|-----------------|----------|
| 10 In Patients | 30 Mixed |
| 20 Out Patients | |



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Active/Inactive

EMPLOYMENT/INSURANCE CONTINUED

E. SECONDARY EMPLOYMENT SITE (If applicable. For applicants who have secured employment as a physiotherapist in Manitoba)

Business Name: _____

Business Address: _____ City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____ Website: _____

Health Region: _____ Your Position/Title: _____

Supervisor Name: _____ Start Date (Estimated): YYYY/MM/DD _____ End Date (If known): YYYY/MM/DD _____

EMPLOYMENT CATEGORY - Select one

Your Code

Employment Status Codes

- 10 Permanent employees
- 20 Temporary employee
- 30 Casual employee
- 34 Employee, unspecified
- 40 Self-employed

EMPLOYMENT FULL TIME/PART TIME STATUS - Select one

Your Code

Employment Full Time/Part Time Status Codes

- 10 Full Time
- 20 Part Time

AREA OF PRACTICE - Select one

Your Code

Area of Practice Codes

- 014 General Practice
- 024 Sports Medicine
- 034 Burns & Wound Management
- 044 Plastics
- 050 Gerontology
- 054 Amputations
- 055 Mental Health
- 060 Direct Patient Care
- 064 Orthopaedics
- 065 Womens Health
- 074 Rheumatology
- 080 Palliative Care
- 084 Vestibular Rehabilitation
- 090 Health Promotion and Wellness

- 094 Perineal
- 095 Home Care
- 100 Other Area of Direct Service
- 104 Oncology
- 110 Administration
- 114 Critical Care
- 120 Client Service Management
- 124 Cardiology
- 134 Neurology
- 144 Respiriology
- 150 Research
- 160 Other Areas of Practice
- 174 Return to Work Rehabilitation
- 184 Ergonomics
- 214 Consultant
- 234 Teaching, Physiotherapy related
- 244 Continuing Education
- 254 Other Education
- 264 Sales

CATEGORY OF PATIENTS/CLIENTS - Select one

Your Code

Category of Patients/Clients Codes

- 24 Pediatric (0-17)
- 30 Adult (18-64)
- 40 Seniors (65+)
- 44 All Ages
- 50 Other

CLINICAL/NON-CLINICAL FOCUS OF PRACTICE - Select one

Your Code

Clinical/Non-clinical Focus of Practice Codes

- 14 Clinical Focus on Musculoskeletal System
- 24 Clinical Focus on Neurological System
- 34 Clinical Focus on Cardio Vascular & Respiratory System
- 44 Clinical Focus on Skin and Related Structures
- 54 Clinical Focus on More than One System
- 64 Non-clinical Focus

LEVEL OF CARE - Select one

Your Code

Level of Care Codes

- 10 Acute
- 20 Rehab
- 30 Long Term Care
- 40 Mixed

PATIENT TYPE - Select one

Your Code

Patient Type Codes

- 10 In Patients
- 20 Out Patients
- 30 Mixed



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EMPLOYMENT/INSURANCE CONTINUED

F. PROFESSIONAL LIABILITY INSURANCE COVERAGE

Have you acquired Professional Liability Insurance Coverage of \$5 million or more? Yes No

If Yes:

Insurance Carrier: _____ Amount (minimum \$5 million): _____

If No:

You may apply for registration before you secure employment and acquire Professional Liability Insurance Coverage. However, once you apply for registration, you will have only 3 months to begin employment and produce the required documents listed at the end of this section.

G. REQUIRED DOCUMENTS (For applicants who have secured employment as a physiotherapist in Manitoba)

- Submit the original Letter of Offer provided to you by your employer
- Submit confirmation of your Professional Liability Insurance Coverage such as a certificate of insurance or confirmation stated in your Letter of Offer

See manitobaphysio.com for details.

8.) DECLARATIONS

Question	Answer	If Yes, provide details
1. Has your license/registration to practise physiotherapy in any province, state or country been cancelled, suspended or not renewed by a regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever had conditions imposed on your physiotherapy licence or registration by a regulatory or licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been reprimanded or censured by a physiotherapy licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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DECLARATIONS CONTINUED

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

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

_____ Date

_____ Signature

9.) FEES

Pay your Active/Inactive registration fee. See manitobaphysio.com for registration fees.

You may pay by:

- Cash (in person)
- Credit card (by phone or in person)
- Cheque (by mail or in person). Please make cheques payable to *College of Physiotherapists of Manitoba*

Please make remittance for total fees in Canadian Funds payable to *College of Physiotherapists of Manitoba*

10.) CHECKLIST

Please check items you have enclosed:

- Original Letter of Offer
- Confirmation of your Professional Liability Insurance Coverage
- Photocopy of your Diploma, Baccalaureate, Master's, or Doctorate degree in physiotherapy
- Registration Fee
- Current Criminal Record Check with Vulnerable Sector
- Membership in Good Standing Form (if registered in another province)
- Verification Request Form submitted to the Canadian Alliance of Physiotherapy Regulators (CAPR) to verify completion of PCE Parts 1 and 2.

11.) DELIVERY

Mail or hand-deliver all required documents, and your application form and application fee to:

College of Physiotherapists of Manitoba (CPM)

1465A Pembina Highway
 Winnipeg, Manitoba R3T 2C5
 Phone: (204) 287-8502