



APPLICATION FOR REGISTRATION Exam Candidate 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)

A. PCE PART 1 (WRITTEN COMPONENT)

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

If No:

Do NOT complete this application form. You must pass PCE Part 1 (Written Component) before you can apply to register as an Exam Candidate with CPM.

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 Part 1.

FOR OFFICE USE ONLY

Register: _____

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

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PHYSIOTHERAPY COMPETENCY EXAM (PCE) CONTINUED

B. PCE PART 2 (CLINICAL COMPONENT)

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 registration for PCE Part 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

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

5.) HISTORY

INITIAL PROVINCE/TERRITORY OF CANADIAN EMPLOYMENT IN PHYSIOTHERAPY

Province/Territory: _____ Year: _____

PREVIOUS COUNTRY OF REGISTRATION

Country: _____

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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 | 094 Perineal | 150 Research |
| 024 Sports Medicine | 054 Amputations | 095 Home Care | 160 Other Areas of Practice |
| 034 Burns & Wound Management | 055 Mental Health | 100 Other Area of Direct Service | 174 Return to Work Rehabilitation |
| 044 Plastics | 060 Direct Patient Care | 104 Oncology | 184 Ergonomics |
| | 064 Orthopaedics | 110 Administration | 214 Consultant |
| | 065 Womens Health | 114 Critical Care | 234 Teaching, Physiotherapy related |
| | 074 Rheumatology | 120 Client Service Management | 244 Continuing Education |
| | 080 Palliative Care | 124 Cardiology | 254 Other Education |
| | 084 Vestibular Rehabilitation | 134 Neurology | 264 Sales |
| | 090 Health Promotion and Wellness | 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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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 [input box]

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 [input box]

Employment Full Time/Part Time Status Codes

- 10 Full Time 20 Part Time

AREA OF PRACTICE - Select one

Your Code [input box]

Area of Practice Codes

- 014 General Practice 054 Gerontology
024 Sports Medicine 055 Amputations
034 Burns & Wound Management 060 Mental Health
044 Plastics 064 Direct Patient Care
074 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 [input box]

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 [input box]

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 [input box]

Level of Care Codes

- 10 Acute 30 Long Term Care
20 Rehab 40 Mixed

PATIENT TYPE - Select one

Your Code [input box]

Patient Type Codes

- 10 In Patients 30 Mixed
20 Out Patients

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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 the original Supervision Agreement signed by you and your supervisor(s)
- 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 Exam Candidate 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*

Please note: If you have not been Registered with The College of Physiotherapists of Manitoba in the past, you will also be required to pay a \$100.00 Initial Registration Fee.

10.) CHECKLIST

Please check items you have enclosed:

- Original Letter of Offer
- Original Supervision Agreement
- Confirmation of your Professional Liability Insurance Coverage
- Verification Request Form (must include completion of PCE Part 1 and verification of registration for PCE Part 2)
- Photocopy of your Diploma, Baccalaureate, Master's, or Doctorate degree in physiotherapy
- Registration Fee
- Current Criminal Record Check with Vulnerable Sector

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
 Fax: (204) 474-2506