



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_

(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 (CPM).

\_\_\_\_\_

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:

a.) From \_\_\_\_\_ to \_\_\_\_\_

b.) Initial date of registration: \_\_\_\_\_

5. Are there any conditions/restrictions attached to this person's registration?  Yes  No

6. 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



**MEMBERSHIP IN GOOD STANDING FORM** CONTINUED

8. If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time?

Yes     No

10. If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Signature of Registrar or Designate

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date