



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize
(Name of applicant)

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

(Name & address of physiotherapy regulatory authority)

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

