



## APPLICATION FOR PRACTICE BASED COMPETENCY ASSESSMENT

In order to complete this form, you must meet the following criteria:

- 1) Applicants must have a minimum of 1200 hours of supervised practice on a Provisional License confirmed by a signed letter from the employer on workplace letterhead, verifying practice hours.
- 2) Applicants can have two or fewer attempts at the PCE Clinical or approved jurisdictional alternative and 3 or fewer attempts at the PCE Written.
- 3) Applicants must not have any outstanding complaints or be subject to any unresolved discipline proceedings.
- 4) Candidates are permitted a total of 2 attempts at the Practice Based Competency Assessment.

Applicants meeting the eligibility criteria will submit required information to CPM office for processing.

CPM will verify the application and applicant eligibility. Ineligible applicants will be informed in writing by CPM. Eligible applicants will be asked to submit additional supporting documents for assessment.

### PERSONAL INFORMATION

Surname:		Given Name(s):	
Previous Name(s):		Registration Number:	
Address:	Country:	City:	
Province:	Postal Code:		
Home Phone:	Cell:		

### EMAIL

Primary Email:

## PHYSIOTHERAPY COMPETENCY EXAM (PCE)

### A. PCE PART 1 (WRITTEN COMPONENT)

Provide all exam dates:

Exam Date(s)	Results	
	Pass	Fail
	Pass	Fail
	Pass	Fail

### B. PCE PART 2 (CLINICAL COMPONENT)

Provide all exam dates and scheduled exam dates:

Exam Date(s)	Results		
	Pass	Fail	Exam Cancelled
	Pass	Fail	Exam Cancelled
	Pass	Fail	Exam Cancelled

## HISTORY

List all Jurisdictions in which you have applied for registration and dates applied:

List all Jurisdictions in which you have successfully held a PT license and dates:

List all Jurisdictions in which your license was suspended, revoked or voluntarily withdrawn and dates:

List all Supervisor Names, Emails, and Phone Numbers:

If any contact information changes during the course of the evaluation, you must notify the College immediately.



CURRENT EMPLOYMENT A

Please include information regarding your current employer(s). If you currently have more than one employer, please complete secondary employer. If you have more than two employers, please print off this page and include it with you application.

PRIMARY EMPLOYMENT SITE

Business Name:

Business Address:

City:

Postal Code:

Employer/Manager Name:

Start Date: YYY/MM/DD

End Date: 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

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.

2022:  2021:  2020:  TOTAL:



### CURRENT EMPLOYMENT B

If you do not have more than one current employer, proceed to the next page.

#### SECONDARY EMPLOYMENT SITE

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer/Manager Name: \_\_\_\_\_ Start Date: YYY/MM/DD \_\_\_\_\_ End Date: 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
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2022:       2021:       2020:       TOTAL:



### EMPLOYMENT HISTORY A

Complete this section if you were previously employed at a clinic but are no longer there. If you have no previous employer(s) proceed to the next section.

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Postal Code:

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2022:

2021:

2020:

TOTAL:



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2022:

2021:

2020:

TOTAL:



**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	
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

**FOR OFFICE USE ONLY**

Date application was received:	Date the applicant was contacted:
Evaluator assigned:	Date of interview:
Conflict of Interest satisfied:	Date charts were received:
Changes to evaluator due to conflict of interest declarations:	Supervisor contacted and interview date set for: