College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

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 six months and 1200 hours of supervised practice in Manitoba on the Examination Candidate register. A signed letter from the employer on workplace letterhead, must be submitted to verify practice hours.
2) Applicants must not have any outstanding complaints or be subject to any unresolved discipline proceedings.
3) A candidate will not be eligible for the PBCA in Manitoba if they have been unsuccessful in passing three attempts at a clinical evaluation or if they have exceeded 2 years on the Exam Candidate register, whichever comes first.

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:

College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

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

OTHER CLINICAL EVALUATIONS

Provide a list of other attempted clinical evaluations from other provinces in Canada if applicable:

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List all Jurisdictions in which your license was suspended, revoked or voluntarily withdrawn and dates: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

College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

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 Respirology
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:

College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

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 Respirology
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:

College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

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.

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 Respirology
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:

College of Physiotherapists of Manitoba
1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5
Phone: (204) 287-8502
Fax: (204) 474-2506

EMPLOYMENT HISTORY B

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.

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 Respirology
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:

1465A Pembina Highway
Winnipeg, Manitoba R3T 2C5

Phone: (204) 287-8502
Fax: (204) 474-2506

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?	☐ Yes ☐ No	
2. Have you ever had conditions imposed on your physiotherapy licence or registration by a regulatory or licensing authority?	☐ Yes ☐ No	
3. Have you ever been reprimanded or censured by a physiotherapy licensing authority?	☐ Yes ☐ No	
4. Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	☐ Yes ☐ 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?	☐ Yes ☐ No	
6. Do you suffer from an addiction to alcohol or drugs?	☐ Yes ☐ No	
7. Have you ever had a criminal conviction?	☐ Yes ☐ 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: