

APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST STUDENT

Please indicate on which register you are submitting your registration:

01 MPT 1 Student

02 MPT 2 Student

03 MPT Student Out of Province

1.) PERSONAL INFORMATION

Prefix:	Surname:	Given Name(s):		
Previous Name(s):	Gender:	Male	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.) 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

3.) EDUCATION

A. CURRENT PHYSIOTHERAPY EDUCATION PROGRAM

Credential Codes: 10 Diploma | 20 Baccalaureate | 30 Master's | 40 Doctorate

Credential Code	Institution Name & Present Level	Province	Country	Year of Graduation

FOR OFFICE USE ONLY

Register: _____

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

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EDUCATION CONTINUED

B. 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 |

4.) CURRENT REGISTRATION

A. Have you practiced as another healthcare provider? Yes No

IF YES:

Profession: _____

B. Are you currently registered with another Regulator? Yes No

IF YES:

Full name of Regulator/Association: _____

(e.g. College of Occupational Therapists of Manitoba)



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5.) DECLARATIONS

Question	Answer	If Yes, provide details
1. 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	
2. Do you suffer from an addiction to alcohol or drugs?	Yes No	
3. 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 (yyyy-mm-dd)

Signature

6.) FEES

Pay your Initial Processing 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*

7.) CHECKLIST

Please check items you have enclosed:

If you are not a student from the University of Manitoba, a letter from your University is required confirming that you are enrolled and/or eligible to undertake a clinical placement

Initial Processing Fee
MPT 1 and Out of Province Student = \$100.00
MPT 2 = \$50.00

Current Criminal Record Check with Vulnerable Sector (MPT 1 and Out of Province Only)

8.) DELIVERY

Mail or hand-deliver all required documents, and your application form and application fee to:

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