

THE COLLEGE OF PHYSIOTHERAPISTS OF MANITOBA

1465A Pembina Hwy, Winnipeg, Manitoba, R3T 2C5

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

APPLICATION FOR TEMPORARY REGISTRATION

Application Requirements:

1. Proof of Eligibility

- CPM Application for Temporary Registration form
- Membership In Good Standing form
- Criminal Record Check (with Vulnerable Sector) – **applicable to all applicants who will be practicing outside of an educational course setting**

- Liability Insurance - **applicable to all applicants who will be practicing physiotherapy outside of an educational course setting**

2. Registration Fees

- Initial processing fee of \$100.00 - **applicable to first time Manitoba Registrants**
Roster fee of \$100.00

PERSONAL INFORMATION

CPM Number: (if previously a member)	<input type="checkbox"/> Email Notification (for newsletters and correspondence, please provide address below)	
Surname:	Given Name(s):	
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Previous Name(s):	
Address:	City:	Postal Code:
Country of Birth:		
Home Phone:	Cell:	
Primary Email:	Alternate Phone:	
Alternate Email:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	DD / MM / YYYY

LOCATION OF FIELD PLACEMENT(S) FOR:[if known]

Name of Facility/Clinic/Hospital Authority/Agency:		
Address:		Postal Code:
Phone:	Fax:	
Placement Start Date:	End Date:	
DD / MM / YYYY	DD / MM / YYYY	

LOCATION OF FIELD PLACEMENT(S) FOR:[if known]

Name of Facility/Clinic/Hospital Authority/Agency:		
Address:		Postal Code:
Phone:	Fax:	
Placement Start Date:	End Date:	
DD / MM / YYYY	DD / MM / YYYY	

Office Use Only

Amount Paid		Receipt No.	CPM No.		Date	
Cheque No.		Members Manual			Roster	

LANGUAGE FLUENCY

Please indicate language(s) in which you currently have the ability of providing physiotherapy services.

			ENG English Only	FRE French Only
			QTY English & French	OTH Other (Please specify) _____
			May we publicly provide this language information (i.e.: Member Register)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Current Physiotherapy Education Program

Credential	Year of Graduation	Present level	School/University	Country of Graduation				
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Credential Codes: 10 Diploma 20 Baccalaureate 30 Master's Degree 40 Doctorate

Education Profile (OTHER)

If you received a **University** Degree/Diploma in Other than Physiotherapy, please complete

Credential	Year	Field of Study Code	School/University	Country of Graduation								
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Field of Study Codes:

10	General Rehabilitation Science	80	Health Professions and Related Clinical Sciences
20	Health Administration/Management	90	Biological, Biomedical Sciences and Physical Sciences
30	Public Administration	100	Social Sciences, Arts and Humanities
40	Public Health	110	Education
50	Kinesiology and Exercise Science	120	Law
60	Gerontology	130	Business, Management, Marketing and Related
70	Psychology	140	Other Field of Study

DECLARATION STATEMENTS

DECLARATION STATEMENTS

Please provide particulars if answered Yes

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your license/registration to practice physiotherapy in any province, state or country been cancelled, suspended or not renewed by a regulatory authority?	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had conditions imposed on your physiotherapy license or registration by a regulatory or licensing authority?	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been reprimanded or censured by a physiotherapy licensing authority?	
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a criminal conviction?	
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	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?	
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you suffer from an addiction to alcohol or drugs?	
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever undertaken the Physiotherapy Competency Examination? If yes, please provide all examination dates.	
Part 1 (Qualifying examination)		Part 2 (OSCE)
Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date (s) _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

I declare that to the best of my knowledge, the information provided on this form is correct and true.

(Date)

(Signature)

**Send form with payment in Canadian funds to: CPM 1465A Pembina Hwy, Winnipeg, Manitoba R3T 2C5
Missing/Incomplete/Errors will be returned to you for correction/completion.**

**Questions? Call: (204) 287-8502
Email: info@manitobaphysio.com**