

THE COLLEGE OF PHYSIOTHERAPISTS OF MANITOBA

211-675 Pembina Hwy, Winnipeg, Manitoba, R3M 2L6

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

APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST STUDENT

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Please indicate on which register you are submitting your registration:

01 PT 1 Student \$35.00 **03** PT 3 Student \$N/C
02 PT 2 Student \$N/C **04** PT Student Out of Province \$35.00

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:		
Home Phone:	Cell:	
Primary Email:	Alternate Phone:	
Alternate Email:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD / MM / YYYY	

LANGUAGE FLUENCY

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

<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				ENG English Only FRE French Only QTY English & French OTH Other (Please specify) _____
<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				May we publicly provide this language information (i.e.: Member Register)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Office Use Only

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

EDUCATION

Current Physiotherapy Education Program

Credential	Year of Graduation	Present level	School/University	Country of Graduation
<input type="text"/> <input type="text"/>	YYYY			
<input type="text"/> <input type="text"/>	YYYY			

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
<input type="text"/> <input type="text"/>	YYYY	<input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/>	YYYY	<input type="text"/> <input type="text"/> <input type="text"/>		

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

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

Please provide particulars if answered Yes

1. <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?	
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you suffer from an addiction to alcohol or drugs?	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a criminal conviction?	

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

(Date)

(Signature)

Enclosures Required:

- Proof of Eligibility
 If you are not a student from the University of Manitoba, a letter is required from your university confirming that you are eligible to undertake a clinical placement.
- Registration Fees
 Initial processing fee of \$35.00 (PT 1 and Out of Province only)
 Criminal Record Check – **applicable to all applicants** (must be original)

Please make remittance for total fees in Canadian Funds payable to CPM

(Payment options are: credit card, cheque, money order or cash in person, please do not mail cash)