



Verification Request Form

The Alliance can send verification about your credentialing and / or your exam status to a provincial or territorial regulator. If you want us to send verification to your regulator, fill out the form on the other side of this page and mail or fax it to our office. We will complete your request within 10 business days.

Instructions

1. Complete Section 1.
2. Return this form by mail or fax to
Canadian Alliance of Physiotherapy Regulators
1243 Islington Ave, Suite 501
Toronto, ON M8X 1Y9
CANADA
Fax: (416) 234-8820

We will complete Sections 2 and 3 of this form and send the completed form to the regulators you checked off.

Note:

1. We will confirm your **credentialing status** either
 - after you have successfully completed the credentialing process
 - or
 - after you have been granted provisional eligibility to register for the PCE.
2. We will confirm your **exam status** after we receive and process your completed exam application form, including all required payments. If you pay your registration fee by personal cheque, we will confirm your exam registration after your cheque has cleared the bank.
3. If you ask us to send you a copy of the completed form, you **must** include your **full** mailing address.

The regulators will not contact you. It is your responsibility to contact provincial or territorial physiotherapy regulators for information about becoming licensed or registered.

If you have questions about this form, contact The Alliance receptionist at (416) 234-8800 or email@alliancept.org.

FOR OFFICE USE ONLY

Date received: _____

Date faxed: _____

SECTION 1: COMPLETE AND SEND TO THE ALLIANCE (please print clearly)

A) I am requesting the following verification(s)(✓):

- Educational credential assessment
- Language testing
- Registration/Completion of exam

B) Request made by:

- Applicant Other _____

Full name

Relationship to applicant

C) Send completed request to:

Regulator(s) in (✓) BC AB SK MB ON QC PE NL NS NB YK

- Other agency _____ Send me a copy

Name and address

D) Applicant information:

Credentialing File Number _____ I don't have a file number (✓) _____

Candidate PIN _____ I don't have a PIN (✓) _____

Last name, First name (please print)

Date of birth (dd/mm/yyyy)

Address

Telephone

Date of exam (completed or pending)

Former name (if changed)

Applicant's signature

Date (dd/mm/yy)

SECTION 2: EVALUATION OF EDUCATIONAL CREDENTIALS (to be completed by The Alliance)

The Canadian Alliance of Physiotherapy Regulators has completed an educational credential evaluation based on the documents submitted by the applicant and/or requested by The Alliance. The applicant's educational background was found to be substantially equivalent to that of a Canadian-educated physiotherapist. We have authenticated the documents submitted to the best of our ability. We believe them to be authentic as of _____
Date (dd/mm/yy)

We have granted the applicant Provisional Eligibility to register for the Physiotherapy Competency Examination pending successful completion of the Prior Learning Assessment and Recognition (PLAR) program.

Language Proficiency Physiotherapy education was in: English French Other _____

Test taken: TOEFL & TSE/IBT MELAB IELTS CanTEST TOEIC Score(s): _____

Tabasom Eftekari, Director of Credentialing and Corporate Services

Date

SECTION 3: REGISTRATION/COMPLETION OF PHYSIOTHERAPY COMPETENCY EXAMINATION (to be completed by The Alliance)

Records indicate the following about the applicant's Physiotherapy Competency Examination status:

Written Component	Date	Clinical Component	Date
<input type="checkbox"/> Successfully completed <input type="radio"/> E <input type="radio"/> F		<input type="checkbox"/> Successfully completed <input type="radio"/> E <input type="radio"/> F	
<input type="checkbox"/> Results pending for		<input type="checkbox"/> Results pending for	
<input type="checkbox"/> Registered and paid for		<input type="checkbox"/> Registered and paid for	
<input type="checkbox"/> Previous unsuccessful attempt(s)		<input type="checkbox"/> Previous unsuccessful attempt(s)	

Alison Cooper, Director of Examinations

Date