



APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

Check one: ACTIVE REGISTER INACTIVE REGISTER

1.) PERSONAL INFORMATION

Prefix:	Surname:	Given Name(s):		
Previous Name(s):	Sex:	Male	Female	Prefer not to Respond
Date of Birth:	MM/DD/YYYY	Country of Birth:		
Address:		City:		
Province:	Country:	Postal Code:		
Home Phone:	Cell:	Alternate:		
EMAIL				
Primary Email:		Alternate Email:		

2.) PHYSIOTHERAPY COMPETENCY EXAM (PCE) - If not previously provided

A. PCE PART 1 (WRITTEN COMPONENT)

Have you ever attempted PCE Part 1 Written Component? If Yes, provide all exam dates:

Yes No

Exam Date(s)	Results	
	Pass	Fail
	Pass	Fail
	Pass	Fail

REQUIRED DOCUMENT

- Submit Verification Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) to verify completion of PCE Parts 1 and 2.

B. PCE PART 2 (CLINICAL COMPONENT)

Have you ever attempted PCE Part 2 Clinical Component? If Yes, provide all exam dates:

Yes No

Exam Date(s)	Results	
	Pass	Fail
	Pass	Fail
	Pass	Fail



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CLINICAL EVALUATION IN OTHER CANADIAN JURISDICTION

C. CLINICAL EVALUATION IN OTHER CANADIAN JURISDICTION- If not previously provided

Have you ever attempted a Clinical Evaluation in another Canadian jurisdiction?

Yes

No

If Yes, provide all exam dates:

Exam Date(s)	Name of Evaluation	Jurisdiction (Province)	Results
			Pass Fail
			Pass Fail
			Pass Fail

REQUIRED DOCUMENT

- Submit verification of successful completion of clinical evaluation in other Canadian jurisdiction.

3.) 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

4.) EDUCATION

A. PHYSIOTHERAPY EDUCATION

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

Credential Code	Institution Name	Province	Country	Date of Graduation

REQUIRED DOCUMENT

- Submit a copy of your Diploma, Baccalaureate, Master's or Doctorate degree in physiotherapy.

B. BRIDGING PROGRAMS (If you are trained in Canada skip to Question C. on Page 3)

If you are Internationally Educated, have you completed a Bridging Program?

Yes

No

If you have completed a Bridging Program, which program did you participate in?

Name of Bridging Program	Date of Completion



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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	Date 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 |

5.) HISTORY

REGISTRATION INSIDE CANADA

INITIAL PROVINCE/TERRITORY OF CANADIAN EMPLOYMENT IN PHYSIOTHERAPY

Province/Territory: Year:

PREVIOUS PROVINCE(S) OF REGISTRATION

Province(s) and Years of Registration:

REGISTRATION OUTSIDE CANADA

PREVIOUS COUNTRY OR COUNTRIES (if more than one) OF REGISTRATION

Country or Countries (if more than one) and Years of Registration:



APPLICATION FOR REGISTRATION AS A
PHYSIOTHERAPIST Exam Candidate Register

6.) CURRENT REGISTRATION

A. Are you currently registered/licensed to practice as a physiotherapist in another jurisdiction?		Yes	No
If Yes:			
Full name of Regulator / Association (e.g. College of Physical Therapists of Alberta): _____			
B. Are you currently practicing as another health provider?		Yes	No
If Yes:			
Profession:			
Are you currently registered with another regulator?		Yes	No
Full name of Regulator / Association (e.g. College of Occupational Therapists of Manitoba): _____			

7.) EMPLOYMENT/INSURANCE

A. HAVE YOU SECURED EMPLOYMENT AS A PHYSIOTHERAPIST IN MANITOBA? Yes No

If No:
You may apply for registration before you secure employment as a physiotherapist in Manitoba. However, once you apply for registration, you will have only 3 months to begin employment and produce the required documents listed at the end of this section.

B. EMPLOYMENT STATUS IN MANITOBA

➡ Code 14

Choose Code 14 if you have secured employment as a physiotherapist in Manitoba.

Your Code

Employment Status Codes

- 14 Employed in physiotherapy
- 34 Employed in other than physiotherapy and seeking employment in physiotherapy
- 54 Unemployed and seeking employment in physiotherapy

C. 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 hours.

Total



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EMPLOYMENT/INSURANCE CONTINUED

D. PRIMARY EMPLOYMENT SITE (For applicants who have secured employment as a physiotherapist in Manitoba)

Business Name: _____

Business Address: _____ Postal Code: _____

Telephone: _____ Fax: _____ Website: _____

Health Region: _____ Your Position/Title: _____

Supervisor Name: _____ Start Date (Estimated): _____ End Date (If known): _____

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 Respiriology
- 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
- 998 Not applicable

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
- Not applicable

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
- 98 Not applicable

LEVEL OF CARE - Select one

Your Code

Level of Care Codes

- 10 Acute
- 20 Rehab
- 30 Long Term Care
- 40 Mixed
- 50 Unknown
- 60 Not applicable

PATIENT TYPE - Select one

Your Code

Patient Type Codes

- 10 In Patients
- 20 Out Patients
- 30 Mixed
- Not applicable



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EMPLOYMENT/INSURANCE CONTINUED

D. SECONDARY EMPLOYMENT SITE (For applicants who have secured employment as a physiotherapist in Manitoba)

Business Name:

Business Address:

Postal Code:

Telephone:

Fax:

Website:

Health Region:

Your Position/Title:

Supervisor Name:

Start Date (Estimated):

End Date (If known):

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
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- 134 Neurology
- 144 Respiriology
- 150 Research
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EMPLOYMENT/INSURANCE CONTINUED

F. PROFESSIONAL LIABILITY INSURANCE COVERAGE

Have you acquired Professional Liability Insurance Coverage of \$5 million or more? Yes No

If Yes:

Insurance Carrier: _____ Amount (minimum \$5 million): _____

If No:

You may apply for registration before you secure employment and acquire Professional Liability Insurance Coverage. However, once you apply for registration, you will have only 3 months to begin employment and produce the required documents listed at the end of this section.

G. REQUIRED DOCUMENTS (For applicants who have secured employment as a physiotherapist in Manitoba)

- Submit a copy of the Letter of Offer provided to you by your employer
- Submit confirmation of your Professional Liability Insurance Coverage such as a certificate of insurance or confirmation stated in your Letter of Offer

See manitobaphysio.com for details.

8.) 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever had conditions imposed on your physiotherapy licence or registration by a regulatory or licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been reprimanded or censured by a physiotherapy licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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DECLARATIONS CONTINUED

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you suffer from an addiction to alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever had a criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever attempted a Clinical Evaluation offered by the Canadian Alliance of Physiotherapy Regulators (CAPR)?	Yes No	
9. Have you ever attempted a Clinical Evaluation in another Canadian Jurisdiction? (For e.g. the Ontario Clinical Exam (OCE))	Yes No	
10. I agree to inform the College of Physiotherapists of Manitoba (CPM) of the results of any Clinical Evaluation attempt in another province.	Yes	Please initial or sign here:

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

Date

Signature

9.) SUBMISSION OF DOCUMENTS

All required documents can be submitted by email attachment to info@manitobaphysio.com or by fax to 204-474-2506.

10.) FEES

Pay your Active/Inactive registration fee. See manitobaphysio.com for current registration fees.

You may pay by credit card or e-transfer to info@manitobaphysio.com