

## REGULATORY HISTORY FORM

MEMBERSHIP IN GOOD STANDING

### SECTION 1: Consent for Release of Information

To be completed **by the applicant** and sent to the regulatory authority to complete Section 2.

Applicant's Full Name	
Applicant's Registration Number	
Applicant's Date of Birth	

I authorize the **regulatory authority below** to provide the information in Section 2 requested by the College of Physiotherapists of Manitoba (CPM). I understand and accept this means the regulatory authority will provide full disclosure of any and all information requested in addition to information determined by the CPM to be relevant to my application for registration as a physiotherapist in Manitoba.

I hereby authorize the **College of Physiotherapists of Manitoba (CPM)** to answer the following questions on my registration status for the completion of the Membership in Good Standing Form to be sent to:

Name & address of physiotherapy regulatory authority

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Name of Regulatory Authority	Applicant's Signature	Date of Signing

### SECTION 2: Report on Regulatory History

To be completed **by the regulatory authority**. Forms sent by applicants will not be accepted. Information is valid 6 months from the date issued.

Name of Regulatory Authority	
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#### Records Include the Following Information Concerning the Registrant Named Below

Name of Registrant	
Registration Number	
Date of Initial Registration	
Expiry Date of Current Registration	



Current Registration Status (If Inactive, please include information regarding previous registration status as well and why the individual is inactive)		
Licence Type Held		
<b>Clinical Assessment (PCE-Clinical or Jurisdictional Alternatives)</b>		
If the Registrant has not completed the CAPR PCE-Clinical, what, and when, did they complete in your / other Canadian jurisdiction (if known) to meet the clinical exam requirements?	Provincially administered OSCE  Practice Assessment  Structured Interview  University of Sherbrooke Final  Comprehensive Exam  Other  Unknown/does not apply	Date:  Date:  Date:  Date:  Date:  Date:
To the best of your knowledge how many attempts has the Registrant had to complete the PCE-Clinical or any other pathways to a full practice or independent practice certificate of registration? Please provide the attempt(s) type and the date (if known).		
Does the Registrant currently have any terms, conditions or limitations / restrictions on their certificate of registration? If so, please provide details.		
<b>Jurisprudence (Applicable to Canadian Physical Therapy Regulatory Organizations)</b>		
Has the applicant completed a jurisprudence exam administered by your organization? <input type="checkbox"/> Yes; Date of Exam _____ <input type="checkbox"/> No <input type="checkbox"/> Not Applicable/Not Required		

### Current Inquiry

Is the Applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction? Any inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes                      No

If yes, provide details including whether there are current terms, conditions or restrictions on the Applicant's license because of the inquiry or proceeding.

### Previous Inquiry

Was the Applicant previously involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction which resulted in actions against the Applicant? An inquiry or proceeding can include, but is not limited to, a matter before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes                       No

If yes, after the inquiry or proceeding what was the outcome?

What is the status of the outcome? (e.g., concluded, outstanding)

### Reported Criminal Charges and/or Convictions

Describe any reported criminal charges and/or convictions, as well as any other outstanding charges against the Applicant.



Signatory Information	
Name of Signatory and Title	
Signatory's Phone Number	
Signatory's Email Address	
Signature	
Signature	Date (mm/dd/yyyy)