College of Physiotherapists of Manitoba
1465 A Pembina Highway Phone: (204) 287-8502
Winnipeg, Manitoba R3T 2C5 Fax: (204) 474-2506

Application for Practice Based Competency Assessment

An Examination Candidate must meet the following criteria in order to apply to the PBCA program:

- Be registered on the Examination Candidate register in Manitoba for a minimum of 6 months.
- Have successfully completed 1200 verifiable hours of supervised practice. A signed letter from the employer on workplace letterhead, must be submitted to verify practice hours.
- Cannot have any outstanding complaints or unresolved discipline proceedings.

Applicants must pay the associated fee for the PBCA clinical assessment prior to initiating the PBCA program. Fee for 2023- $1000 (Once the Application is approved you will receive the invoice via the Member Portal).

A candidate will not be eligible for the PBCA program if they have been unsuccessful in passing three attempts at a clinical evaluation or if they have exceeded 2 years on the Exam Candidate register, whichever comes first. For further details on what is considered a Clinical Evaluation attempt please see Registration and Licensing Direction *3.8 Approved Entry-to- Practice Examination*.

Applicants meeting the eligibility criteria must submit the required information to the CPM office for processing.

CPM will verify the application and applicant eligibility. Ineligible applicants will be informed in writing by CPM. Eligible applicants will be asked to submit additional supporting documents for assessment.

PERSONAL INFORMATION

Surname

Given Name(s):

Address: **City:** **Province:**

Postal Code: **Country:**

Home Phone: **Cell:**

Primary Email for PBCA correspondence:

PHYSIOTHERAPY COMPETENCY EXAM (PCE)

A. PCE PART 1 (WRITTEN COMPONENT)

Provide all exam dates:

Exam date(s):	Results:
	☐ Pass ☐ Fail
	☐ Pass ☐ Fail
	☐ Pass ☐ Fail

B. Clinical Evaluation (PCE PART 2, PBCA, clinical evaluation in another Canadian jurisdiction)

Provide all exam dates:

Exam date(s):	Results:	Location of the exam:
	☐ Pass ☐ Fail	
	☐ Pass ☐ Fail	
	☐ Pass ☐ Fail	

HISTORY

List all Jurisdictions in which you have applied for registration and dates applied:

List all Jurisdictions in which you have successfully held a PT license and dates:

List all Jurisdictions in which your license was suspended, revoked or voluntarily withdrawn and dates:

SUPERVISORS

List all previous and current Supervisors' names. Include primary Email for PBCA correspondence

If any contact Information changes during the course of the evaluation, you must notify the College immediately.

CURRENT EMPLOYMENT A

Please include information regarding your current employer(s). If you currently have more than one employer, please complete secondary employer. If you have more than two employers, please print off this page and include it with you application.

PRIMARY EMPLOYMENT SITE

Business Name:

Business Address: City: Postal code:

Employer/Manager Name: Start Date: End Date:

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.

Eligible practice hours for PBCA do **NOT** include volunteer work, professional association or college activities, vacation leave, sick leave, family leave, leave of absence, education leave or statutory holiday's hours.

2023:		2022:		2021:		TOTAL:	

CURRENT EMPLOYMENT B

If you do not have more than one current employer, proceed to the next page.

SECONDARY EMPLOYMENT SITE

Business Name:

Business Address: City: Postal code:

Employer/Manager Name: Start Date: End Date:

Practice Hours:

2023:		2022:		2021:		TOTAL:	

EMPLOYMENT HISTORY A

Complete this section if you were previously employed but are no longer there. If you have no previous employer(s) proceed to the next section.

EMPLOYMENT SITE

Business Name:

Business Address: City: Postal code:

Employer/Manager Name: Start Date: End Date:

PRACTICE HOURS

2023:		2022:		2021:		TOTAL:	

EMPLOYMENT HISTORY B

Complete this section if you were previously employed but are no longer there. If you have no previous employer(s) proceed to the next section.

EMPLOYMENT SITE

Business Name:

Business Address: City: Postal code:

Employer/Manager Name: Start Date: End Date:

PRACTICE HOURS AT THIS EMPLOYER

2023:		2022:		2021:		TOTAL:	

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?	☐ Yes ☐ No	
2.Have you ever had conditions imposed on your physiotherapy license or registration by a regulatory or licensing authority?	☐ Yes ☐ No	
3.Have you ever been reprimanded or censured by a physiotherapy licensing authority?	☐ Yes ☐ No	
4.Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy?	☐ Yes ☐ No	
5.Do you currently suffer from a physical or mental condition or disorder for which you have received treatment and which would your practice of physiotherapy?	☐ Yes ☐ No	
6.Do you suffer from an addiction to alcohol or drugs?	☐ Yes ☐ No	
7.Have you ever had a criminal conviction?	☐ Yes ☐ No	

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

Date **Signature**

FOR OFFICE USE ONLY

Date application was received:

Evaluator assigned:

Changes to evaluator due to conflict of interest declaration:

Date of applicant interview:

Supervisor contacted:

Interview date:

Date charts were received:

Date Practice Reflection Submitted online:

Date the applicant was contacted:

Conflict of Interest satisfied:

Most recent ACP submitted:

DISCLAIMERS:

Application to the Active Practice Register is voluntary.

• Eligible candidates have the option to apply for the Active Practice Register based on successfully completion of the Practice Based Competency Assessment (PBCA).

Labour Mobility

In the absence of a national examination administered by CAPR, each Canadian jurisdiction has been let to determine the registration requirements for affected candidates in their jurisdiction. Every province is bound by its own provincial legislation and the College of Physiotherapists of Manitoba cannot control registration decisions elsewhere.

It remains to be seen if other jurisdictions will accept this alternate method of registration should successful candidates seek registration in a different Canadian jurisdiction at some future date. It is possible that other jurisdictions may attempt to impose limitations to labour mobility should an individual seek registration in that jurisdiction subsequent to full licensure in Manitoba.

The College of Physiotherapists of Manitoba is not responsible for future labour mobility limitations.

☐ I agree that any results and/or attempts at CPM's Practice Based Competency Assessment (PBCA) can be shared with other Physiotherapy Regulators.

I have read and understand that this application process is voluntary and labour mobility may be a risk.

_____ _____

Date Signature

Print Name _____

Submit your Application for Practice Based Competency Assessment by email or fax:
Email: admin.cpm@manitobaphysio.com
Fax: (204) 474-2506