



College of Physiotherapists of Manitoba

1465A Pembina Highway

Winnipeg MB R3T 2C5

P:204-287-8502 Fax: 204-474-2506

info@manitobaphysio.com

Request for Verification of Practice Hours 2024

Part A: Applicant

Complete this section **ONLY**. Have any employers you have worked for in the past five years complete the next section and forward it directly to us. Make copies of this form if necessary.

Last Name

First Name

Date of Birth (YY/MM/DD)

Address

City/Town

Province/State

Postal/ZIP Code

Occupation/Business Type

Registration Number (if applicable)

Email

I hereby give consent for release of information as requested by the College of Physiotherapists of Manitoba

Signature

Date





College of Physiotherapists of Manitoba

1465A Pembina Highway

Winnipeg MB R3T 2C5

P:204-287-8502 Fax: 204-474-2506

info@manitobaphysio.com

Part B: Employer

Please complete this section and forward the form directly to the College of Physiotherapists of Manitoba.

Place of Employment

Physiotherapist's Position/Role

Address

City/Town

Province/State

Postal/ZIP Code

Country

Phone Number

Email

Verified Practice Hours

Please state the number of hours this employee has worked **on an annual basis** as a physiotherapist during the past five years. Do not include vacation, sick time or leaves of absence.

2019: _____ 2020: _____

2021: _____ 2022: _____

2023: _____ 2024: _____

Name

Position/Title

Signature

Date

Stamp or Official Seal:

