





**Centre for Professional Regulatory  
Collaboration**

College of Physiotherapists of Manitoba  
210 Commerce Drive  
Winnipeg, MB R3P 2W1  
P:204-287-8502 Fax: 204-474-2506  
[info@manitobaphysio.com](mailto:info@manitobaphysio.com)

**Part B: Employer**

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

**Registrant's Name**

**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 as a physiotherapist during the past five years. Do not include vacation, sick time or leaves of absence.

2021: \_\_\_\_\_ 2022: \_\_\_\_\_

2023: \_\_\_\_\_ 2024: \_\_\_\_\_

2025: \_\_\_\_\_

**Name**

**Position/Title**

**Signature**

**Date**

**Stamp or Official Seal:**

