



Application for Temporary Registration

Application Requirements:

- Application for Temporary Registration
- Regulatory History (sent by regulator to our office directly)
- Criminal Record Check with Vulnerable Sector Search (applicable to applicants who will be practicing outside of an educational course setting)
- Professional Liability Insurance Certificate
- Registration Fee (please contact CPM office for fee amount)

Personal Information

Last Name	First Name
Middle Name(s)	Preferred First Name
Previous Name(s)	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown <input type="checkbox"/> Another Gender <input type="checkbox"/> Prefer Not to Answer
Date of Birth (DD/MM/YYYY)	Country of Birth
Street Address	City
Province	Postal Code
Country	Email
Home Phone	Cell Phone

Course or Practice Location -1

Course Name (if applicable)	
Clinic/Facility Name	
Clinic/Facility Address	
Clinic/Facility Phone Number	Clinic/Facility Email
Course/Employment Start Date	Course/Employment End Date

Course or Practice Location -2

Course Name (if applicable)	
Clinic/Facility Name	
Clinic/Facility Address	
Clinic/Facility Phone Number	Clinic/Facility Email
Course/Employment Start Date	Course/Employment End Date

CAPR Physiotherapy Competency Exam

Have you ever attempted PCE Part 1 (Written Component)? Yes No

If Yes, provide all exam dates:

Exam Date (DD/MM/YYYY)	Result

Have you ever attempted PCE Part 2 (Clinical Component)? Yes No

If Yes, provide all exam dates:

Exam Date (DD/MM/YYYY)	Result

Clinical Evaluation in Other Canadian Jurisdiction

Have you ever attempted a Clinical Evaluation in another Canadian Jurisdiction? Yes No

If Yes, provide all exam dates:

Jurisdiction	Clinical Evaluation Name	Result Date (DD/MM/YYYY)	Result

CAPR Canadian Physiotherapy Examination (CPTe)

Have you ever attempted the CAPR Canadian Physiotherapy Examination (CPTe)? Yes No

If Yes, provide all exam dates:

Exam Date (DD/MM/YYYY)	Result

Spoken/Written Languages (Other Than English)

You may include other languages *in which you can provide physiotherapy services* here:

Do you grant CPM permission to share this information with members of the public? Yes No

Education

Physiotherapy Education

All university-level physiotherapy education:

Credential Type (Diploma, Baccalaureate, Masters, Doctorate)	Institute Name	Province	Country	Graduation Date (DD/MM/YYYY)

Bridging Program

If you are Internationally Educated, have you completed a Bridging Program? Yes No

If Yes, please enter your Bridging Program information below:

Institute and Course Name	Province	Graduation Date (DD/MM/YYYY)

Other Education

University-level education other than physiotherapy:

Credential Type (Diploma, Baccalaureate, Masters, Doctorate)	Institute Name	Area of Study	Province	Country	Graduation Date (DD/MM/YYYY)

Declarations

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
If yes, provide details	
2. Have you ever had conditions imposed on your physiotherapy licence or registration by a regulatory or licensing authority, other than by the College of Physiotherapists of Manitoba?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
3. Have you ever been reprimanded or censured by a physiotherapy licensing authority, other than by the College of Physiotherapists of Manitoba?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
4. Have you been notified of any investigations by a regulatory authority against you relative to the practice of physiotherapy, other than by the College of Physiotherapists of Manitoba?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	

5. Have you ever been denied registration by a regulatory body/association in a regulated or unregulated profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
6. Have you ever had a complaint submitted to the Commissioner of Teacher Professional Conduct through the <i>Education Administration Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
7. Have you ever had a criminal conviction? (Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of a criminal offence?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	
8. 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
If yes, provide details	
9. Do you have an addiction to alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details	

Submission of Documents

Documents can be submitted by email to registration.cpm@manitobaphysio.com or by fax to 204-474-2506.

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

Date _____ Signature _____