



**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

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.

2022: _____ 2023: _____

2024: _____ 2025: _____

2026: _____

Name

Position/Title

Signature

Date

Stamp or Official Seal:

