COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA
302 – 1765 West 8th Avenue, Vancouver, BC V6J 5C6
Phone: (604) 730-9193 Fax: (604) 730-9273

AUTHORIZATION FOR RELEASE OF INFORMATION for CONFIRMATION OF EMPLOYMENT

INSTRUCTIONS TO APPLICANT:
Please complete the top portion of this form and forward it to the employer directly for completion. Remember to have someone witness your signature

I, _____, hereby authorize
(name of applicant)

_____
(name, address and phone number of employer)

_____

to answer the following questions on my employment status and to release the information to the:

College of Physical Therapists of British Columbia: #302-1765 West 8th Avenue, Vancouver, B.C. V6J 4S5.

_____ _____
(Date) (Signature of Applicant)

_____ _____
(Date) (Signature of Witness)

1. The above applicant was employed by the above employer as a registered physical therapist.

   Please provide dates of employment: From_____ To_____

2. The applicant worked: (tick one)

   Full-time: _____ Part-time_____

3. List the total number of hours worked annually for the past five years, per year:

   Year: _____ Total Worked Hours: _____

   Year: _____ Total Worked Hours: _____

   Year: _____ Total Worked Hours: _____

   Year: _____ Total Worked Hours: _____

   Year: _____ Total Worked Hours: _____

_____
Signature of Employer or Designate

_____
Title

_____
Date