

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA
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**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR REGISTRATION WITH REGULATORY ORGANIZATIONS**

INSTRUCTIONS TO APPLICANT:

*Please complete the top portion of this form which will authorize the licensing board to release information on your status. Have someone witness your signature. **Some boards charge a fee to verify licensure, please check with them before forwarding this form directly to them for completion.***

I, _____, hereby authorize
(name of applicant)

(name and address of physiotherapy regulatory authority)

to answer the following questions on my registration status and to release the information to the College of Physical Therapists of British Columbia.

(Date)

(Signature of Applicant)

(Date)

(Signature of Witness)

1. Is the above applicant **currently** registered to practise physiotherapy in your jurisdiction? ____ Yes ____ No
Please provide dates of registration: From _____ To _____
Date First Registered: _____
2. Was this person registered to practise physiotherapy in your jurisdiction in the past? ____ Yes ____ No
Please provide dates of registration: From _____ To _____
3. Are/were there any conditions/restrictions attached to this person's registration? ____ Yes ____ No
If yes, please describe: _____

4. Is the above applicant the subject of an ongoing disciplinary investigation? ____ Yes ____ No
If yes, please describe: _____

5. Is there any reason why this person would not be entitled to be registered in your jurisdiction at the present time? ____ Yes ____ No
If yes, please explain: _____

Please affix seal

Print name of Registrar or Designate

Signature of Registrar or Designate

Date