

APPLICANT FULL NAME: _____

Application Checklist

Print your full name (first, middle and last names) above. Complete both sides of this checklist and make a photocopy of it. Keep the original for your own files, and send the photocopy to us with your application.

Have you included the following documents with your application ?

1. Completed application form (signed and dated)	<input type="radio"/> Yes <input type="radio"/> No
2. Money order/certified cheque, bank draft or credit card number for appropriate fee, payable to Canadian Alliance of Physiotherapy Regulators <i>You must send your fee with the completed application form. Personal cheques are not acceptable. If you send us a personal cheque, we will return it to you.</i>	<input type="radio"/> Yes <input type="radio"/> No
3. Identity Document(s)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
4. Notarized copy of proof of legal name change (if applicable) (for example marriage certificate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days <input type="radio"/> Not applicable. I have not changed my name
5. Two (2) identical passport-size photographs, one photograph attached to the notarized Declaration of Identity form and one signed and dated by you.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
6. Notarized copy/original of your membership card or letter of eligibility from the physiotherapy regulatory agency or association in your country of physiotherapy education	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
7. Notarized or original copies of your diplomas, degrees and certificates from	
a. secondary education (high school)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
b. university-level physiotherapy education	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
c. any other university-level education (if applicable)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Will follow within ____ days
8. Notarized and certified translated copy of final thesis or major research paper (only the cover page, table of contents, abstract and bibliography or reference list)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Will follow within ____ days
9. A current résumé (optional)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't have a résumé / CV <input type="radio"/> Will follow within ____ days
10. Notarized letter authorizing a representative to act on your behalf (optional)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't have a representative <input type="radio"/> Will follow within ____ days
11. Form A (Verification of Document Receipt)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not complete the form

The issuing institutions must mail the following documents to our office. Have you arranged for them to mail these documents to our office?

1. Document Request Form (from physiotherapy institution)	<input type="radio"/> Yes <input type="radio"/> No
<p>2. Transcripts/mark sheets/grade lists/records from any university you have attended</p> <p>If you graduated from a physiotherapy program in India, the authorized university must mail attested mark sheets or statements of marks, NOT the college.</p> <p>If you graduated from a physiotherapy program in Pakistan, the Higher Education Commission must mail attested mark sheets NOT the college or the university.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>3. Corresponding syllabus/course descriptions from your physiotherapy education institution</p> <p>Contact the Client Services Coordinator to find out if we have a syllabus for your years of study.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> The Client Services Coordinator confirmed that The Alliance has a syllabus for my years of study.
4. Corresponding credits/hours for all the courses completed during your program of physiotherapy study (from physiotherapy school) and other university program(s), if applicable	<input type="radio"/> Yes <input type="radio"/> No
5. Original language proficiency score sheet in English or French OR evidence of language proficiency in English or French (from issuing institution)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I will be taking an approved test at a later date. The institution will send the score sheet after I have taken the test.