



Application for Assessment of Educational Credentials and Qualifications

Please check one (✓):

1 Initial Application ___ Repeat ___ 2 Male ___ Female ___ 3 Date of Birth ___ / ___ / ___
day month year

4 Last Name: [grid] First Name: [grid]

Former Last Name (if applicable): _____

5 ADDRESS (We will mail ALL correspondence, including your results, to this address.)
Street (number and name): [grid]

City: [grid] Country: [grid]

Province: [grid] Canadian Postal Code: [grid] Other Country Postal Code/Zip Code: [grid]

Home Telephone: (including country + city code) [grid] Fax: [grid]

Email Address: _____

6 List all schools and universities you attended, including primary, high school/secondary and university-level education. Enclose notarized copies of all certificates except primary school certificate. (If you need more room, use another sheet of paper and attach it to this form.)

Name of Institute	City, Country	Dates		Year of Graduation	Language of Education	Name of Diploma/Degree/Certificate (in native language)	Certificate Enclosed (yes/no)
		From	To				
1.							
2.							
3.							

7 FEE: * \$780.00 in Canadian funds, payable to "Canadian Alliance of Physiotherapy Regulators"

Note: This fee is not refundable. You must send the fee with this application form.

You may pay

- by debit card (only if you make payment in person at The Alliance office—please make an appointment ahead of time)
- by certified cheque, negotiable without charge in Canada (personal cheques are not acceptable, and we will return them)
- by postal/bank money order, negotiable without charge in Canada
- by bank draft, negotiable without charge in Canada
- by credit card (Visa or MasterCard)

PAYMENT BY CREDIT CARD (Please complete below and print clearly.)

I authorize the Canadian Alliance of Physiotherapy Regulators to charge the following amount to my credit card:
Card Type (check one): Visa ___ MasterCard ___ Amount Paid: [grid] . [grid] in Canadian funds
Card Number: [grid]
Expiration Date (month/year): [grid] [grid] CVC2 Code (3-digit number on the back of your card): [grid]
Name (print name from card): [grid]
Cardholder Signature: _____

8 OTHER SERVICES: (Indicate choices with (✓) and include fees* with application.)

Duplicate copy of results: \$25.00 ___ Faxed copy of results: \$5.00 ___ Courier (choose one): Domestic \$20.00 ___ International \$85.00

Total other fees enclosed: [grid]

9 Provinces/Territories in which you expect to apply for registration:

Indicate your first, second, etc. choices by writing 1, 2 etc. beside them.

YT ___ BC ___ AB ___ SK ___ MB ___ ON ___ QC ___ NL ___ NB ___ NS ___ PE ___

*Fees may change without notice.



IMPORTANT NOTES: (See Appendix B for larger type size.)

1. **We will not start your assessment until we have received all required materials.¹ If your application is not complete, your assessment will be delayed.** We usually complete assessments within 12 to 14 weeks of receiving all documentation if we have a precedent case. (A precedent case is a previously completed credential review of an applicant from the same physiotherapy program as you, in the same year, with a similar course of study, using the same credential standards.) We usually complete assessments that do not have a precedent case in 20 to 22 weeks. Your assessment will take longer if the assessor needs to do more research or if we need more information. **We do not guarantee that we will complete your assessment within 12 to 14 weeks. We will not “fast track” applications for any reason. You should avoid taking action (such as moving or applying for a job) in anticipation of a positive result or a result by a certain time.**
2. Official documents we receive from the issuing institutions and notarized photocopies we receive from applicants and representatives become the property of The Alliance and will NOT be returned or released. We will return originals of certificates and mark sheets with the result letters by regular mail unless otherwise instructed.
3. We verify that persons who are qualified in the field of international educational credential assessment will assess credentials, but we cannot guarantee that the recipient of an assessment will agree with the results. International Qualifications Assessment Service (IQAS), World Education Service (WES), other authorized credentialing agencies and physiotherapist assessors help us review credentials.
4. Assessment reports may differ depending upon the period in which they were completed and the documents submitted. This results from new and updated information being made available to us on a continual basis and from revisions to our credentialing standards. We base our decisions on the most recent information available.

Consent/Waiver:

By applying for credentialing and signing below, the Applicant

1. certifies that the supplied information is true and accurate to the best of his or her knowledge.
2. realizes that this assessment is not binding on any institution or organization, and releases The Alliance and its agents (for example, IQAS, WES, other credentialing agencies, physiotherapy content assessors) from any liability for damages incurred due to the use of an assessment report.
3. releases The Alliance and its agents from any liability for damages resulting from the use of an assessment report. The Applicant agrees to reimburse The Alliance and its agents for any and all costs, including legal expenses, that it may incur as a result of any claim that he or she (or anyone having any interest in his or her earnings or services) may make based upon the assessment determination.
4. will be eligible to apply to the Physiotherapy Competency Exam (PCE) if his or her result is successful. The first attempt of the Written Component of the PCE must happen before eligibility expires, which is two years from the date of the successful result letter.
5. acknowledges that, if The Alliance and its agents determine that ANY document(s) submitted with respect to an application is fraudulent, altered or irregular or the physiotherapy education documents were issued by a “diploma mill” institution, the assessment will be terminated and the fee will not be refunded.
6. releases The Alliance and its agents from ANY liability for the loss of or damage to documents submitted with respect to an application for an assessment.
7. agrees that the fees, once paid, are not refundable, except in the case of overpayment.
8. agrees that while The Alliance takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, The Alliance is not responsible for damages in the event of errors or omissions. The Alliance is not responsible for impacts of personal, professional or financial nature. This includes such impacts as loss of income, loss of salary and/or expenses incurred by an employer, a contractor or an applicant. Each applicant who applies for the Educational Credentials and Qualifications Assessment must read and understand the limits of liability. Further, applicants must advise those interested parties (such as employers) about the limits of liability. By applying for the Educational Credentials and Qualifications Assessment, the Applicant agrees that he or she shall take no action or other proceeding against The Alliance or any of its officers, employees or agents for an act done in good faith or for any neglect or default related to the Educational Credentials and Qualifications Assessment.
9. consents to the collection, use and disclosure of his or her personal information in accordance with The Alliance Privacy Policy. The Applicant agrees that the information he or she has provided may be verified by The Alliance, and that in the course of such verification The Alliance may need to disclose to third parties the information provided by the Applicant. The Applicant consents to such disclosure by The Alliance. The Applicant also consents to the disclosure of personal information by third parties to The Alliance that may be necessary for The Alliance to process the Applicant’s application and to verify the information provided. The Applicant agrees to let The Alliance disclose his or her personal information to educational credential assessment services so they can assess the Applicant’s educational credentials.
10. authorizes the disclosure of non-identifying data for research purposes.
11. authorizes the disclosure of the status of his or her credentialing application and assessment results to Canadian physiotherapy regulatory agencies.
12. certifies that he or she has read and fully understands the above, and agrees with the terms outlined.

Signature of Applicant

Date

certifying agreement to the limits and conditions of assessment of educational credentials and qualifications

We will not process this application unless we receive the original completed and signed application and fees. If your application is not fully completed, signed or sent with all applicable fees, we will return your application, fees and any documents we have received to you by regular mail.

**RETURN TO: Canadian Alliance of Physiotherapy Regulators
1243 Islington Avenue, Suite 501, Toronto, ON M8X 1Y9, CANADA**

¹ We can begin your assessment before we receive proof of language proficiency in English or French or your physiotherapy degree. However, if we finish your assessment and your result is successful, we will not send your result letter to you until we receive proof of language proficiency and/or your physiotherapy degree (see page 15 in Information for Applicants for more information).