



Document Request Form for Educational Credentials and Qualifications Assessment

Applicant: Complete this section

Name of Student: _____
Last Name First Name

Student ID Number: _____ Date of Birth: _____

I agree to allow my physiotherapy institution to give the information asked for in the Document Request Form to the Canadian Alliance of Physiotherapy Regulators (The Alliance) so that The Alliance can complete my educational credentials and qualifications assessment.

Date: _____ Signature of Student: _____

Instructions to School for Completing and Submitting the Document Request Form

The student named above has applied to the Canadian Alliance of Physiotherapy Regulators (The Alliance) for an educational credentials and qualifications assessment. The Alliance is the federation of provincial and territorial physiotherapy regulators in Canada. We assess the educational credentials and qualifications of physiotherapists educated outside Canada on behalf of these regulators. We also administer the Physiotherapy Competency Examination (PCE).

To help us complete the student's assessment, please provide the information asked for in the attached document. Your institution's Registrar, Program Director or Dean may complete the Document Request Form. **You must send this information to The Alliance office, not to the student.** We will not accept this form if the student completes it or sends it to us.

Documents to Send with the Completed Document Request Form

Along with this form, please send us documents that contain the following information about the student's education:

- the number of classroom and laboratory and clinical credits or clock hours, grades or marks earned for each completed course
- reports on supervised clinical practice, including the number of hours, the areas practised and a detailed description of supervised clinical practice
- weighting factors (amount each course is worth compared to other courses) for each completed course, if applicable
- final course grades
- official transcripts or mark sheets issued by university
- ***course descriptions**** (including detailed objectives and outcomes) *******
- a course catalogue if available
- the grading scale relevant to the student's time of study

** We have asked the student to find out if we need a syllabus. The student will let you know if you need to send the course descriptions/syllabus with the other documents.*

*** The course titles listed in the course descriptions must match to the courses listed on the official transcript / mark sheet.*

**** If the course description for a year or program is different from the education the student received, please enclose a letter that identifies and explains the differences between the courses described in the course description or catalogue and the courses taken by the student.*



Document Request Form

(The physiotherapy institution must complete this section. Please use more paper if necessary.)

THIS FORM WAS COMPLETED BY: REGISTRAR PROGRAM DIRECTOR PROGRAM DEAN

Name: _____
(please print)

Date: _____

Signature: _____

School Seal/Stamp

Name of student: _____ Date of birth: ____/____/____ Male Female
day/month/year

Name of physiotherapy (PT) institution: _____

Address of PT institution: _____

Telephone #: _____ Fax #: _____

Email address: _____

Name of degree, diploma or certificate awarded (in native language): _____

Minimum academic entrance requirement for the program: _____

Student's mode of entry/entrance data/entrance qualifications (if different from above): _____

Admission date: _____ Completion date (including clinical practice): _____

Length of physiotherapy program: # of Years ____ # of Semesters ____ # of Credits ____ (do not include clinical practice/internship)

Number of credits transferred from previous education: _____

Length of physiotherapy program the student completed at your institution:
 # of Years ____ # of Semesters ____ # of Credits ____ (do not include clinical practice/internship)

How many weeks in 1 semester? _____ How many theoretical hours in 1 credit? _____

How many practical hours in 1 credit? _____

Type of physiotherapy program: Modular Problem-based Other _____

Was this an entry-level program in physiotherapy? Yes No

With what government body is the PT program/institution accredited? _____
 Ministry/Department of Education Other ministry/department (specify): _____

Date student fulfilled all educational and clinical requirements for the PT program: _____

Date PT degree/diploma/certificate was conferred: _____

Upon graduation, what higher-level university education (in the country of education) would this student be eligible to apply for?

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1. Was Independent/Autonomous Practice included in the curriculum? YES NO

If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Independent/Autonomous Practice?

2. Are physiotherapy students taught how to make a physiotherapy diagnosis? YES NO

3. Is a registered physiotherapist allowed to diagnose a patient's condition? YES NO

4. Can a registered physiotherapist develop a treatment plan independent of a physician's prescription/direction? YES NO

5. Can patients go to a physiotherapist without a physician's referral? YES NO

6. Can a registered physiotherapist discharge a patient from physiotherapy care? YES NO

7. Was Scientific Inquiry/Research included in the curriculum? YES NO

If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

8. Did the student complete a 1. research paper 2. thesis 3. project 4. joint project 5. translation of paper/reference?

9. If you checked off **1, 2, 3 or 4** in question 8, write the exact title of the student's paper/project (in English or French):
-

10. Was Professional Conduct/Ethics included in the curriculum? YES NO

If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Professional Conduct/Ethics?

11. Was Evidence-Based Practice included in the curriculum? YES NO

If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Evidence-Based Practice?

12. Was Inter-Professional Practice included in the curriculum? YES NO

If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Inter-Professional Practice?

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13. Was Integrated Practice/Case-Based Integration included in the curriculum? ○ YES ○ NO
 If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

 How does your program define Integrated Practice/Case-Based Integration?

14. Was Principles of Physiotherapy Management/Administration included in the curriculum? ○ YES ○ NO
 If yes, write the name(s) and/or number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

 How does your program define Physiotherapy Management/Administration?

15. Total hours of supervised clinical practice in physiotherapy: _____

16. The breakdown of hours of supervised clinical practice in physiotherapy is as follows:
 Musculoskeletal: _____ hours Neurological: _____ hours Cardiorespiratory: _____ hours Other: _____ hours

17. Language of instruction: _____

Please complete the following section. We may ask you to provide additional information and supporting documents regarding any of the areas listed below

Percentage (%) of lectures in English (or French) _____%
 Percentage (%) of textbooks in English (or French) _____%
 Percentage (%) of supervised clinical practice – **interaction with colleagues/supervisors/staff** – in English (or French) _____%
 Percentage (%) of supervised clinical practice – **interaction with patients** – in English (or French) _____%

Send this form, along with the documents containing the information listed under “Documents To Be Sent with the Completed Document Request Form,” to The Alliance (**not** the student) at

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS
1243 Islington Avenue, Suite 501
Toronto, ON M8X 1Y9
CANADA
Telephone: (416) 234-8800

DO NOT FAX OR EMAIL THIS FORM.
We will only accept the original copy of this form mailed with the student's official transcripts.