

Canadian Alliance of Physiotherapy Regulators

Alliance canadienne des organismes de réglementation de la physiothérapie

Application For Assessment of Educational Credentials and Qualifications

Please check one (✓)

1 Initial Application Repeat

2 Male Female

3 Date of Birth 22 / 12 / 2150
day month year

4 Family Name: PHYSIO

Given Name: JOHN

Former Family name (if applicable): _____

5 ADDRESS (to which ALL correspondence, including results, will be mailed)

Street (Number and Name):

1243 ISLINGTON AVE #501

City: TORONTO Country: CANADA

Province: ON Canadian Postal Code: M8X 1Y9 Other Country Postal Code/Zip Code: _____

Home telephone: (including country + city code) 14162348800 Fax: 14162348820

e-mail address: email@alliancept.org

6 List all schools, and universities attended including primary, high school/secondary and university level education. Enclose all certificates except primary school certificate. (Use additional paper and attach to the signed application form)

Name of Institute	City - Country	Dates From To	Year of Graduation	Language of Education	Name of Diploma / Degree/ Certificate (in native language)	Certificate enclosed (Yes - No)
1. West Primary School	Capitol/USA	09/57-09/62	2162	French	Primary diploma	No
2. Central High School	Capitol/USA	09/62-09/65	2165	English	High School Diploma	Yes
3. South University	Capitol/USA	09/66-06/70	2170	English	Bachelor of physiotherapy	Yes

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

Note : This fee is not refundable and must accompany the application form

You may pay:

- by debit card (only if payment is made 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 will be returned
- by postal/bank money order, negotiable without charge in Canada
- by Bank Draft negotiable without charge in Canada
- by Credit card (Visa or Master Card)

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 Master Card Amount paid: 805.00 \$CAN

Card Number: 5555 1111 2222 3333

Expiration Date (Month / Year): 12 / 2175 CVC2 Code (3 digit number on the back of your card): 444

Name (Print name on Card): _____

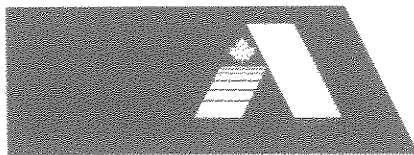
Cardholder Signature: John Physio

8 OPTIONAL OTHER SERVICES: (Indicate choices (✓) and include Fees* with Application): * Subject to change without notice

- Duplicate results letter requested with assessment \$25.00 Faxed copy of results letter (domestic) \$5.00
- Courier (1. Domestic / 2. International) Choose one \$20.00 \$85.00 Total other fees enclosed \$ 25.00

9 Provinces/Territories in which you expect to apply for registration - Please indicate your first, second and third choice

BC 1 AB SK MB ON 2 QC NL NB 3 NS PEI YUKON



IMPORTANT NOTES: (See Appendix B for larger font size)

1. **NO ASSESSMENT WILL BE STARTED UNTIL ALL REQUIRED MATERIALS¹ HAVE BEEN RECEIVED. INCOMPLETE APPLICATIONS RESULT IN A SIGNIFICANT DELAY IN BEGINNING THE ASSESSMENT.** Once all documentation is received and the credentialing assessment is started, the review is usually completed within 12-14 weeks if the Alliance has a precedent case (A 'precedent' case is a previously completed credential review of an applicant from the same physical therapy program, in the same year, with a similar course of study, using the same credential standard). The review of a non-precedent case is usually completed in 20-22 weeks. The review will take longer if the evaluator needs to do additional research, or if additional information is required. **APPLICANTS ARE ADVISED THAT THE ALLIANCE DOES NOT GUARANTEE COMPLETION WITHIN 12-14 WEEKS, NOR WILL THE ALLIANCE 'FAST TRACK' APPLICATIONS FOR ANY REASON. APPLICANTS ARE ENCOURAGED TO AVOID TAKING ACTION (E.G. JOBS, MOVE, ETC..) IN ANTICIPATION OF A POSITIVE RESULT OR A RESULT WITHIN A SPECIFIC TIME PERIOD.**
2. Official documents received directly from the issuing institutions and notarized photocopies received from applicants and/or representatives thereof, become the property of The Alliance and will NOT be returned or released. Originals of certificates and mark sheets will be returned with the results letters by regular mail unless otherwise directed.
3. The Alliance verifies that the credentials are assessed by persons who are qualified in the field of international educational credential assessment, but cannot guarantee that the recipient of an assessment will agree the results of the assessment. International Qualifications Assessment Service IQAS, World Education Service WES, other authorized credentialing agencies and physiotherapist assessors assist The Alliance in reviewing credentials.
4. Assessment reports of individuals may differ depending upon the time period in which they were completed and / or the documents submitted. This results from new and up-dated information being made available to us on a continuous basis as well as revisions to The Alliance credentialing standards. Educational credential and qualifications decisions made by The Alliance are based on the most recent information available.

Consent/Waiver:

By applying for credentialing and signing below the:

1. Applicant certifies that the supplied information is true and accurate to the best of his/her knowledge.
2. Applicant realizes that this assessment is not binding on any institution or organization, and releases The Alliance and its agents (e.g. IQAS, WES, other credentialing agencies, physiotherapist assessors) from any liability for damages incurred due to the use of this assessment.
3. Applicant releases The Alliance and its agents from any liability for damages resulting from the use of an assessment report. Applicant agrees to reimburse The Alliance and its agents for any and all costs, including legal expenses, which it may incur as a result of any claim that he/she (or anyone having any interest in his/her earnings or services) may make, based upon the assessment determination.
4. A successful applicant will have a two-year eligibility for application to the Physiotherapy Competency Exam.
5. Applicant acknowledges that, if The Alliance and its agents determine that ANY document(s) submitted with respect to an application is altered or irregular, the assessment will be terminated and the fee will not be refunded.
6. Applicant releases The Alliance and its agents from ANY liability for the loss or damage to documents submitted with respect to an application for an assessment.
7. Applicant agrees that the fees, once paid, are not refundable, except in the case of overpayment.
8. While The Alliance takes reasonable steps to ensure the accuracy and completeness of information, resources and reports. 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. It is the responsibility of each applicant in applying for Assessment of Educational Credentials and Qualifications to have read and understood the limits of liability. Further it is the applicant's responsibility to advise those interested parties (e.g. Employers) about the limits of liability. By applying for the Assessment of Educational Credentials and Qualifications, each 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 Assessment of Educational Credentials and Qualifications.
9. Applicant consents to the collection, use and disclosure of his or her personal information in accordance with the Alliance Privacy Policy. 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. Applicant consents to such disclosure by The Alliance and 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. Applicant consents to the disclosure of his or her personal information to a network of educational credential assessment services and regulatory colleges for the purpose of assessing Applicant's educational credentials.
10. Applicant authorizes disclosure of non-identifying data for research purposes.
11. Applicant authorizes disclosure of her/his status in respect of credentialing application and assessment results to Canadian physiotherapy regulatory agencies.
12. Applicant certifies that he/she has read and fully understands the above, and agrees with the terms outlined.

John Phylisio

01/01/2174

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

Date

APPLICATION AND DOCUMENTS SUBMITTED WITH APPLICATION FORM WILL BE RETURNED UNLESS THE ORIGINAL APPLICATION FORM IS FULLY COMPLETED, SIGNED AND DATED AND SUBMITTED WITH FEES

RETURN TO: Canadian Alliance of Physiotherapy Regulators 1243 Islington Ave. Suite 501, Toronto, ON M8X 1Y9, Canada

¹ The process can begin before proof of language proficiency in English or French is submitted. However, should the review of your credentialing file be completed before you submit the proof of language proficiency in English or French, The Alliance will hold your *successful* result letter and will not release it until you provide proof of language proficiency in English or French.