



2010 PHYSIOTHERAPY COMPETENCY EXAM (PCE) APPLICATION FORM

CLINICAL COMPONENT

Please type or print clearly

FOR OFFICE USE ONLY

Box for office use only containing fields for Date Received, PIN, ID Number, Payment, Exam Date, Cred Result, and Photos.

1 Please check (✓) one First application ___ Re-examination ___

2 Please check (✓) one Ms. ___ Mrs. ___ Mr. ___

3 NAME (as you wish it to appear on the certificate)

Last name

Grid for last name

First name(s)/initials

Grid for first name(s)/initials

Date of birth (yyyy | mm | dd)

4 ADDRESS (all mail, including your exam results, will be mailed to this address)

Street (number and name)

Apt. #

Grid for street and apt. #

City

Grid for city

Country (if other than Canada)

Grid for country

Province

Grid for province

Canadian postal code

Grid for Canadian postal code

Postal code/zip code (if country other than Canada)

Grid for postal code/zip code

Telephone (home)

Grid for home telephone

Telephone (work)

Grid for work telephone

Email address

5 PHYSIOTHERAPY EDUCATION (List all post-secondary education)

Table with 5 columns: Name of institute, City/Country, Dates (from/to), Graduation year, Name of degree/certificate

If you obtained your entry-level physiotherapy education outside Canada, has The Alliance assessed your educational credentials and qualifications? Yes ___ No ___

6 DO YOU REQUIRE ACCOMMODATION FOR SPECIAL NEEDS?

Yes ___ No ___

If yes, you must send additional information with your application. See the Candidate Handbook for details.

7 CHOICE OF LANGUAGE FOR EXAM English (E) ___ French (F) ___

8 EXAM DATE

Choose one date only (✓) June 5, 2010 ___ November 21, 2010 ___

9 CLINICAL COMPONENT SITES (See the Candidate Handbook for availability)

These are possible Clinical Component exam sites. Rank your choices in order of preference, 1 through 8.

- Vancouver, BC ___ Winnipeg, MB ___ Ottawa, ON ___
Edmonton, AB ___ Hamilton, ON ___ Halifax, NS ___
Saskatoon, SK ___ Toronto, ON ___

Rank all 8 Clinical Component sites. Otherwise, we will automatically assign you to another site if your choice is full.

Your exam site assignment is based on the date we receive your completed application. We assign sites on a first-applied, first-assigned basis. We cannot guarantee that you will be assigned to your chosen test site. We will send information about your site assignment after we receive your application.

10 METHOD OF PAYMENT

Please see pages 8 to 9 of the Candidate Handbook 2010 for payment options.

Personal cheque(s) or money order(s) (payments must accompany the application form)

OR

Credit card (please print below)

Card type (check one): VISA _____ MasterCard _____

I authorize the Canadian Alliance of Physiotherapy Regulators to charge to my credit card:

___ Full amount of **C\$1,200.00**

___ First instalment of **C\$700.00** and second instalment of **C\$500.00** (March 1, 2010, for June; August 1, 2010, for November)

Card number: _____ Expiration date (mm/yy): ____/____

CVC2 Code (3 digit number on the back of the card) _____

Cardholder's name (as it appears on the card): _____

Cardholder's signature: _____

NOTE: Some provincial/territorial regulators require confirmation of your exam registration before they can issue a temporary, restricted or supervised licence to practise. If you want The Alliance to confirm your registration with a regulator, complete and return the Verification Request Form. You can download the form from our website, www.alliancept.org. We will confirm your registration after the first instalment of the exam fee clears the bank. If you pay with a certified cheque, money order or credit card, there is no waiting time.

11 LIMITS OF THE ALLIANCE'S LIABILITY

Before you register for the Physiotherapy Competency Examination (PCE), you must read and understand the limits of liability. You must tell interested parties, such as potential or current employers, about the limits of liability. While the Canadian Alliance of Physiotherapy Regulators (The Alliance) takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, neither The Alliance nor any of its officers, employees or agents shall be responsible for damages or losses in the event of any errors or omissions, or liable for any damages or losses incurred by a candidate, an employer or a contractor as a result of any decision made by or on behalf of The Alliance or any of its officers, employees or agents. This means that The Alliance is not responsible for impacts of a personal, professional or financial nature. This includes such impacts as loss of income, loss of salary, and expenses incurred by an employer, a contractor or a candidate.

By registering for and participating in the PCE, you agree that you will take no legal action or other proceedings against The Alliance or any of its officers, employees or agents for anything done in good faith related to the PCE, including any errors, omissions, neglect or default. You also agree to fully release and indemnify The Alliance, its officers, employees and agents for any such actions or proceedings. This means that The Alliance will not be responsible for any loss of income or other expenses incurred by you or an employer or contractor due to a decision made by The Alliance related to the PCE, and that you agree not to take legal action against The Alliance.

12 DECLARATION

I have read and understood the information in the Candidate Handbook 2010, including the refund process, appeal policy, limits of liability and the contents and spirit of the Rules of Conduct for the PCE. I have read and understood The Alliance's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes described in The Alliance's Privacy Policy.

I authorize the disclosure of my exam status and results to Canadian physiotherapy regulatory agencies. I understand that eligibility for the Clinical Component of the PCE is subject to my successful completion of the Written Component. I understand that I can be disqualified from taking or continuing to sit for the administration of the examination if I fail to comply with any term or condition in the Candidate Handbook (see in particular pages 24 to 25). I declare that all information on this form and any accompanying documents is true, correct and complete.

I am aware that The Alliance may need to verify the information provided, and therefore The Alliance may need to disclose my information to third parties. I consent to such disclosure. I also consent to third parties disclosing my personal information to The Alliance, so that The Alliance can process my application and verify the information I have provided. I authorize the disclosure of non-identifying data for research purposes.

Signature: _____ Date: _____

CHECKLIST FOR CLINICAL COMPONENT APPLICATION:

- Complete, sign, and date the Application Form.
- Include all payments (registration fee, first instalment, second instalment).
- Include two identical copies of a current passport-sized colour photograph.
- Include additional documents, if needed (credentialing letter, information about special needs).