



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

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Consent to Disclose Credentialling Information

I (please print your name), _____,
authorize the Canadian Alliance of Physiotherapy Regulators to disclose:

_____ information about my Credentialling application, including the status of my application, the timelines and progress towards credential review, the final evaluation results and other information relating to my file.

OR

_____ credentialling file information restricted to the following (describe the credentialling information to be disclosed):

to (print name and email address of person requiring the information):

I understand that this form does not allow the person requiring the information to make decisions for me (the applicant). I understand that I can refuse to sign this consent form.

My Name: _____

PIN (if assigned): _____

Date of Birth: _____

Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____

Witness Name: _____

Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____