



**CAPR**

Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**

Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

1243 Islington Avenue, Suite 501  
Toronto, Ontario M8X 1Y9

P: 416 234 8800 | F: 416 234 8820

www.alliancept.org

## Request for Academic Documents Form

### Instructions for Applicant

- 1) Please complete the top part of the form.
- 2) Submit this form to the institution's **Registrar, Controller of Examinations, or other authorized school official.**

**APPLICANT FULL LEGAL NAME:**

Last Name(s)/Surname(s): \_\_\_\_\_

First Name(s) / Given Name(s): \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### Instructions for Institution

**The student named above has applied to the Canadian Alliance of Physiotherapy Regulators (CAPR) for an educational credential and qualifications assessment. To help us complete the student's assessment, please provide the information asked for in the remainder of this document.**

- 1) Please complete this section of the form.
- 2) The institution must place this form and any other required documentation in an envelope, ensuring the institution stamps and seals the envelope, and the institution is listed as the sender of the all packages, including courier packages. Please refer to [Appendix 1](#) for additional documentation requirements that may apply.
- 3) **The institution must send this information directly to the CAPR office, not to the student.** We will not accept this form if the student or any relative or friend of the applicant completes it or sends it to us.

\_\_\_\_\_  
Name of Official (Print)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

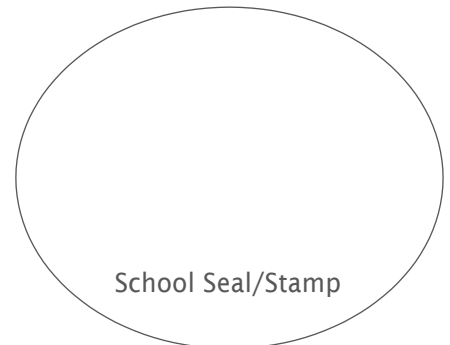
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of University/Institution if different from above

\_\_\_\_\_  
Degree/Credential Obtained

\_\_\_\_\_  
Date Conferred



**CAPR**Canadian Alliance  
of Physiotherapy  
Regulators**ACORP**Alliance canadienne des  
organismes de réglementation  
de la physiothérapie1243 Islington Avenue, Suite 501  
Toronto, Ontario M8X 1Y9

P: 416 234 8800 | F: 416 234 8820

www.alliancept.org

<b>Document Checklist for Institution</b> Please check the box to ensure that you have sent all necessary items as instructed by the student.	<b>Please ✓ the box</b>
Completed Request for Academic Document Form <u>including this page</u> . We will only accept the original copy of this form. We will not accept documents by fax or e-mail.	<input type="checkbox"/> Attached
Official academic records (sometimes called transcripts or mark sheets or statement of marks) and the relevant grading scale must be sent directly to CAPR by the authorized institution. For documents being sent by mail, they must be sent in a stamped and sealed envelope directly from the issuing institution. <u>We will not accept documents by email.</u>  Refer to <a href="#">Appendix 1</a> for additional documentation requirements that may apply.	<input type="checkbox"/> Attached
<b>For students educated in Bangladesh, India, Pakistan and The Philippines</b> , the school must submit an attested copy of the clock hours document (also known as transcript of hours). The clock hours document must include the number of hours completed in supervised clinical practice.	<input type="checkbox"/> Attached
Attested copy of the Clinical Internship Certificate applicable to <b>graduates from Egypt, India, Pakistan, The Philippines only</b> - Please refer to <a href="#">Appendix 1</a> .	<input type="checkbox"/> Attached
Other – Clarification required by CAPR as per reference number: _____ on the assessment letter (if applicable).	<input type="checkbox"/> Attached