

Institution Portal Access Request Form



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

241101

Institution Portal Access Request

The following information will be used to create an online account with the Canadian Alliance of Physiotherapy Regulators (CAPR) and can be used for verification purposes. Please ensure the email address provided below is an official school email address (with official school domain) that is publicly verifiable on the school website. If your institution does not have an official school domain email address, we will not be able to create an account for your institution and we ask that you submit documentation to our office by mail in the manner mentioned on our website.

Name of school/educational institution: _____

Institution Address: _____

Telephone: _____

Email (used as the username for your institution): _____

Is your institution an awarding institution or non-awarding institution? (i.e. affiliated college)

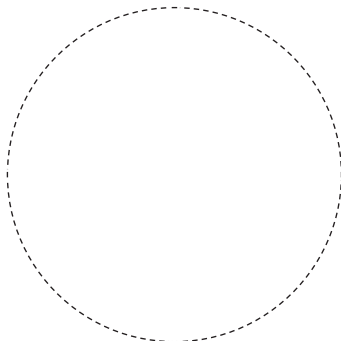
Awarding institution Affiliated institution

What is the name of the authority legally entitled to accredit your institution? (i.e. Ministry of Education, etc.)

Name of person completing this form (print): _____

Job title of person completing this form: _____

School Seal/Stamp



alliancept.org

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Consent and Authorization:

I, _____ hereby request access to create an online account on behalf of the institution mentioned above with the Canadian Alliance of Physiotherapy Regulators (CAPR) for the purpose of releasing student information. I verify I am authorized by the institution to release student information. I understand that this account will enable me to access and manage institutional information related to the verification of educational qualifications.

By signing below, I acknowledge that:

- I have read and understood the purpose of creating this online account.
- I consent to the collection, use, and storage of my personal information by CAPR for the purpose of managing my account.
- I agree to abide by CAPR's terms and conditions regarding the use of their online services.

Signature:

Signature: _____

Date: _____

Important Note:

Note: This form is subject to verification and approval by CAPR. Submission of false information may result in the denial of account creation.

Email this form to documents@alliancept.org. Once we have verified your information, we will email you login details and instructions on how to use the online portal.

If you have any questions, please email documents@alliancept.org.



alliancept.org