

# Institution Portal Document Request Form



**CAPR**  
Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**  
Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

250224

## Education Institution Information

Name of awarding school/educational institution: \_\_\_\_\_

Name of affiliated institution (if any): \_\_\_\_\_

## Student Information:

Student name: \_\_\_\_\_

Student date of birth: Month/Day/Year \_\_\_\_\_

Name of degree, diploma, or certificate awarded: \_\_\_\_\_

Dates of attendance: From: Month/Day/Year \_\_\_\_\_ To: Month/Day/Year \_\_\_\_\_

Date degree, diploma, or certificate was issued to the student: \_\_\_\_\_

Did the student transfer to this program from another institution? Yes  No

If yes, what institution did they transfer from? \_\_\_\_\_

## Program Information:

Does this program prepare students for entry-level physiotherapy practice in your country?

Yes  No

Can the student work as a physiotherapist immediately following graduation?

Yes  No

If no, what other requirements must the student meet to be able to be able to work as a physiotherapist? For example, are there requirements such as a national exam, internship period, or registration with a regulatory body or Ministry of Health? Please provide as much information as possible.

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## Supervised Clinical Practice

Definition: Supervised clinical practice consists of supervised and evaluated experience as a physiotherapist-in-training within an entry-to-practice program, where the student gains practical experience and engages in a range of professional opportunities in various settings, for the purpose of learning and applying physiotherapy knowledge, skills, behaviours and clinical reasoning. Supervised clinical practice does not include academic classroom hours or practice on other students or staff.

Please complete the following sections (including the chart). Include the locations, dates, areas of practice, and hours the student completed during each clinical placement as part of the program. All fields must be completed.

Total hours of supervised clinical practice completed during the program:

LOCATIONS Include the full name of hospital/clinic	DATES Start to End	HOURS IN Musculoskeletal Conditions	HOURS IN Neurological Conditions	HOURS IN Cardiorespiratory Conditions	HOURS IN Other Conditions	TOTAL Hours

