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REGULATORY HISTORY FORM

SECTION 1: Consent for Release of Information

To be completed by the applicant and sent to the regulatory authority to complete Section 2.

Applicant's Full Name		
Applicant's Registration Number		
Applicant's Date of Birth		
<input type="checkbox"/> I authorize the regulatory authority below to provide the information in Section 2 requested by the Saskatchewan College of Physical Therapists (the SCPT). I understand and accept this means the regulatory authority will provide full disclosure of any and all information requested in addition to information determined by the SCPT to be relevant to my application for registration as a physical therapist in Saskatchewan.		
<hr/> Name of Regulatory Authority	<hr/> Applicant's Signature	<hr/> Date of Signing

SECTION 2: Report on Regulatory History

To be completed by the regulatory authority and returned directly to the SCPT. Forms sent by applicants will not be accepted. Information is valid 3 months from the date issued.

Name of Regulatory Authority	
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Records Include the Following Information Concerning the Registrant Named Below

Name of Registrant	
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Registration Number	
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Date of Initial Registration	
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Expiry Date of Current Registration	
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Current Registration Status (If Inactive, please include information regarding previous registration status as well and why the individual is inactive)	
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Licence Type Held	
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Clinical Assessment (PCE-Clinical or Jurisdictional Alternatives)

If the Registrant has not completed the CAPR PCE-Clinical, what, and when, did they complete in your / other Canadian jurisdiction (if known) to meet the clinical exam requirements?	<input type="checkbox"/>	Provincially OSCE	Date: _____
	<input type="checkbox"/>	Practice Assessment	Date: _____
	<input type="checkbox"/>	Structured Interview	Date: _____
	<input type="checkbox"/>	U Sherbrooke Final Comp. Exam	Date: _____
	<input type="checkbox"/>	Other: _____	Date: _____

To the best of your knowledge how many attempts has the Registrant had to complete the PCE-Clinical or any other pathways to a full practice or independent practice certificate of registration? Please provide the attempt(s) type and the date (if known).

Does the Registrant currently have any terms, conditions or limitations / restrictions on their certificate of registration? If so, please provide details.

Jurisprudence (Applicable to Canadian Physical Therapy Regulatory Organizations)

Has the applicant completed a jurisprudence exam administered by your organization?

☐ Yes; Date of Exam _____ ☐ No ☐ Not Applicable/Not Required

Practice Hours

Total practice hours in past 5 yrs	
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Current Inquiry

Is the Applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction? Any inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes ☐ No ☐

If yes, provide details including whether there are current terms, conditions or restrictions on the Applicant's license because of the inquiry or proceeding.

Previous Inquiry

Was the Applicant previously involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity, or professionalism in your jurisdiction which resulted in actions against the Applicant? An inquiry or proceeding can include, but is not limited to, a matter before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

Yes ☐ No ☐

If yes, after the inquiry or proceeding what was the outcome?

What is the status of the outcome? (e.g., concluded, outstanding)

Reported Criminal Charges and/or Convictions

Describe any reported criminal charges and/or convictions, as well as any other outstanding charges against the Applicant. _____

Signatory Information

Name of Signatory and Title	
Signatory's Phone Number	
Signatory's Email Address	

Signature

_____ Signature	_____ Date (mm/dd/yyyy)
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