

Initial Application for Registration

Personal Information

Name: _____

Language spoken: _____

Date of Birth:(D/M/Y)_____

Address: _____

City: _____

Province: _____ Postal Code _____

Phone: (H) _____ (W) _____

email: _____

Present work site: _____

City: _____ Province _____

Intended work site: _____

Address _____

Physiotherapy Qualifications

Degree/Diploma _____ Year: _____

Name of University _____

Intended employment status on PEI:

Permanent full time Part time

Temporary full time Part time

Hours worked in the last three years: _____

Location: _____

Currently Licenced: no yes

Where: _____

Registered in Canada prior to 31/12/1993 ?

no yes Where: _____

Successful completion of PNE: no yes

Registered for PNE: no yes Date: _____

Acupuncture: no yes Level/s _____

Institution trained at: _____

I declare the information given on this form to be correct and complete to the best of my knowledge.

Signature: _____ Date: _____

*Make cheque payable to: Prince Edward Island College of Physiotherapists.
Mail to: PEICPT, P.O. Box 20078, Charlottetown, PE, C1A 9E3*