

## Temporary License for Visiting Physiotherapists

### Personal Information

Name: \_\_\_\_\_

Sex:(F/M) Language:(F/E)\_\_\_\_\_

Date of Birth: (D/M/Y)\_\_\_\_\_

Address: \_\_\_\_\_

City:\_\_\_\_\_ Province:\_\_\_\_\_

Postal Code:\_\_\_\_\_

Phone: (H)\_\_\_\_\_ (W)\_\_\_\_\_

email:\_\_\_\_\_

Present work site:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ Province:\_\_\_\_\_

Intended work site:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ Province:\_\_\_\_\_

### Physiotherapy Qualifications

Degree/Diploma:\_\_\_\_\_ Year:\_\_\_\_\_

Name of University:\_\_\_\_\_

Currently licensed: Yes\_\_\_\_\_ No\_\_\_\_\_

Registered in Canada prior to Dec.31, 1993: Yes\_\_ No\_\_

Where:\_\_\_\_\_

Successful completion of PCE: Y\_\_N\_\_ Date:\_\_\_\_\_

Registration for PCE: Y\_\_N\_\_ Date:\_\_\_\_\_

Hours worked in last three years:\_\_\_\_\_

Location:\_\_\_\_\_

Dates of anticipated practice on Prince Edward Island:  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature:\_\_\_\_\_

Date:\_\_\_\_\_