



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

1243 Islington Avenue, Suite 501
Toronto, Ontario M8X1Y9
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www.alliancept.org

Change of Information Form

I am: _____ In Credentialling

Please PRINT

_____ Registered for an Exam
* Please check both if you have registered
for an exam under provisional eligibility

Name on file:

Surname / Family Name Given Name(s)

PIN:

Name Change

New Name:

Surname / Family Name Given Name(s)

NOTE: You must enclose a notarized copy of a legal document that has both your former name and your new name on it (for example, a marriage license).
For those in **Credentialling**, a Supporting Identification Document showing your new name is required.

Address Change

Effective Date (dd/mm/yy): _____

Number	Street name	Apt.	
City/Town	Province/ State	Postal/ZIP Code	Country
Home phone		Email	

I authorize the Canadian Alliance of Physiotherapy Regulators (CAPR) to change my personal information as noted above.

Signature: _____ **Date (dd/mm/yy):** _____

You can submit this form by:

Mail: Canadian Alliance of Physiotherapy
Regulators 1243 Islington Ave, Ste 501
Toronto, ON M8X 1Y9
CANADA

or

Fax: (416) 234-8820

or

Email: email@alliancept.org

For Office Use Only

Date received: _____

Date entered: _____

Entered by: _____