



Educational Credential and Qualifications Assessment Document Request Form

Applicant: Complete this section

APPLICANT FULL LEGAL NAME:

Last Name(s)/ Surname(s): _____

First Name(s) / Given Name(s): _____

Middle Name(s): _____

Former Last Name(s): _____

Date of Birth: _____ Student ID Number: _____

I agree to allow my physiotherapy institution to give the information asked for in the Document Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) so that CAPR can complete my educational credential and qualifications assessment.

Note to Applicants:

Please refer to [Appendix 1](#) for additional documentation requirements that may apply. Submit this form to the institution's Registrar, Controller of Examinations, or other authorized school official.

Instructions to School for Completing and Submitting the Document Request Form and Other Required Documents:

The student named above has applied to CAPR for an educational credential and qualifications assessment. To help us complete the student's assessment, please provide the information asked for in the remainder of this document.

- 1) The institution's Registrar, Controller of Examinations, or other authorized official, such as a Principal, Dean, or Head of Department must complete the full Document Request Form below.
- 2) The institution must place this form in an envelope, ensuring the institution stamps and seals the envelope, and the institution is listed as the sender of all packages, including courier packages. We will not accept this document by email.
- 3) The institution must send this information directly to the CAPR office, not to the student. We will not accept this form if the student or any relative or friend of the student completes it or sends it to us.
- 4) Please note that we do not accept digital or electronic signatures, seals, or stamps on this document. We require your institution's authorized official to complete this form using their original signature and an original stamp and/or seal where specified on the form.



Documents to be sent directly to the Canadian Alliance of Physiotherapy Regulators:

Document Checklist for Institution Please check the box to ensure that you have sent all necessary items.	Please X the box
Completed Document Request Form <u>including this page</u> . We will only accept the original copy of this form; we will not accept documents by fax or e-mail.	<input type="checkbox"/> Attached
Official academic records (sometimes called transcripts or mark sheets or statement of marks) and the relevant grading scale must be sent directly to CAPR by the authorized institution. For documents being sent by mail, they must be sent in a stamped and sealed envelope directly from the issuing institution. <u>We will not accept documents by email</u> . Refer to Appendix 1 for additional documentation requirements that may apply.	<input type="checkbox"/> Attached
For students educated in Bangladesh, India, Pakistan and The Philippines , the school must submit an attested copy of the clock hours documentation (also known as transcript of hours). The clock hours document must indicate the number of hours completed in supervised clinical practice.	<input type="checkbox"/> Attached
Attested copy of the Clinical Internship Certificate (applicable only to graduates from Egypt, India, Pakistan, The Philippines) - Please refer to Appendix 1 .	<input type="checkbox"/> Attached

Send this form (**including pages 1 and 2**), along with the documents mentioned on the checklist on this form to CAPR (**not** the student) at the following address:

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS
1243 Islington Avenue, Suite 501
Toronto, ON CANADA M8X1Y9
Telephone: (416) 234-8800

DO NOT FAX OR EMAIL THIS FORM.



Form D– Document Request Form

The physiotherapy institution must complete this section. Please use more paper if necessary.

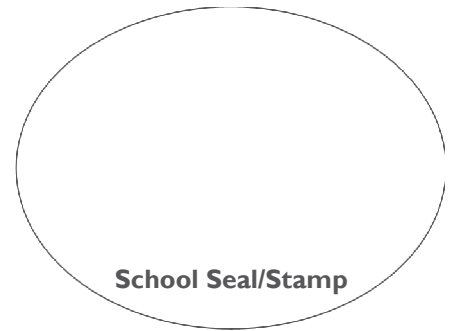
This form must be completed by a program official such as a Registrar, Program Director, Program Dean, or Principal

Name of Person Completing the Form (Print)

Position at Institution/Job Title

Date

Signature



Full Name of Student: _____ Date of birth: ____/____/____
day month year

Name of physiotherapy (PT) institution:

Name of University if different from above:

Address of PT institution:

Telephone #: _____ Fax #: _____

Email address: _____

Name of degree, diploma or certificate awarded: _____

In native language: _____

Minimum academic entrance requirement for the program: _____

Student's mode of entry/entrance data/ entrance qualifications (if different from above): _____

Date student started PT program: _____

Date student fulfilled all educational and clinical requirements for the PT program _____



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organismes de réglementation
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www.alliancept.org

230306

Date PT degree/diploma/certificate was issued: _____

Length of physiotherapy program (you just need to complete one): Number of Years _____ Number of Semesters _____

Number of credits transferred from previous education (if applicable): _____

Length of physiotherapy program the student completed at your institution: Number of Years _____ Semesters _____

Number of Credits: _____ (do not include clinical practice/internship)

Was this an entry-level program in physiotherapy that prepares students for entry to practice? Yes _____ No _____

Upon graduation, what higher-level university education (in the country of physiotherapy education) would this student be eligible to apply for?

Is there a designated authority that is legally entitled to accredit your institution? Please indicate the name of the accrediting body:

_____ Ministry/Department of Education _____ Ministry/Department of Health _____ Other (specify):

Was the institution accredited at the time the student was admitted to the physiotherapy program? Yes _____ No _____

Was the institution accredited at the time the student graduated from the physiotherapy program? Yes _____ No _____

Is there a designated authority that is legally entitled to accredit the physiotherapy program at your institution that is different from above? If yes, please indicate the name of accrediting body.

Can the student work as a physiotherapist after they successfully completes your program? Yes _____ No _____

What are the requirements for the student to be able to work as a physiotherapist after successfully completing your program?

For example, is the degree the only document the student would need in order to work as a physiotherapist after successfully completing your program? Or are there other requirements that the student must fulfill before they are eligible to work as a physiotherapist (e.g., national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities).

Please provide as much information as possible.



230306

Are physiotherapy students taught how to make a physiotherapy diagnosis?

Yes _____ No _____

In the country of education:

Is a registered physiotherapist allowed to diagnose a patient's condition?

Yes _____ No _____

Can a registered physiotherapist develop a treatment plan independent of a physician's prescription/direction?

Yes _____ No _____

Can patients go to a physiotherapist without a physician's referral?

Yes _____ No _____

Can a registered physiotherapist discharge a patient from physiotherapy care?

Yes _____ No _____

Supervised Clinical Practice

Please complete the following blank fields and chart with the locations, dates, area of practice, and hours the student has completed during each clinical placement as part of their degree requirements. All fields must be completed.

For graduates from Egypt, India, Pakistan, The Philippines an attested copy of the Clinical Internship Certificate is required - refer to [Appendix 1](#).

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.

Total hours of supervised clinical practice (practicum / internship) in physiotherapy: _____

The breakdown of hours of supervised clinical practice in physiotherapy in the following conditions:

Musculoskeletal _____ hours

Neurological _____ hours

Cardiorespiratory _____ hours

Other _____ hours

Locations <i>Include the full name of hospital/clinic</i>	Dates <i>Start to End</i>	Specific Areas of Practice <i>(e.g. musculoskeletal, neurological, cardiorespiratory)</i>	Number of Hours



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