



9. **CHOICE OF LANGUAGE FOR EXAM** English French

10. **PLEASE SELECT YOUR EXAM DATE:** Exam Date

11. **Do You Require Testing Accommodations?** Yes No

If yes, you **must** send additional information with your application. See the website for detail

12. LIMITS OF CAPR'S LIABILITY

Before you register for the Physiotherapy Competency Examination (PCE), you must read and understand the limits of liability. You must tell interested parties, such as potential or current employers, about the limits of liability. While the Canadian Alliance of Physiotherapy Regulators (CAPR) takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, neither CAPR nor any of its officers, employees or agents shall be responsible for damages or losses in the event of any errors or omissions, or liable for any damages or losses incurred by a candidate, an employer or a contractor as a result of any decision made by or on behalf of CAPR or any of its officers, employees or agents. This means that CAPR is not responsible for impacts of a personal, professional or financial nature. This includes such impacts as loss of income, loss of salary, and expenses incurred by an employer, a contractor or a candidate.

By registering for and participating in the PCE, you agree that you will take no legal action or other proceedings against CAPR or any of its officers, employees or agents for anything done in good faith related to the PCE, including any errors, omissions, neglect or default. You also agree to fully release and indemnify CAPR, its officers, employees and agents for any such actions or proceedings. This means that CAPR will not be responsible for any loss of income or other expenses incurred by you or an employer or contractor due to a decision made by CAPR related to the PCE, and that you agree not to take legal action against CAPR.

13. DECLARATION

I have read and understood the information in the Exam Policies and the Exam Registration Guide; including the refund process, appeal policy, limits of liability and the contents and spirit of the Rules of Conduct for the PCE. I have read and understood CAPR's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes described in CAPR's Privacy Policy.

I authorize the disclosure of my exam status and results to Canadian physiotherapy regulatory agencies. I understand that I can be disqualified from taking or continuing to sit for the administration of the examination if I fail to comply with any term or condition in the Exam Policies. I declare that all information on this form and any accompanying documents is true, correct and complete.

I am aware that CAPR may need to verify the information provided, and therefore CAPR may need to disclose my information to third parties. I consent to such disclosure. I also consent to third parties disclosing my personal information to CAPR, so that CAPR can process my application and verify the information I have provided. I authorize the disclosure of non-identifying data for research purposes.

Signature (REQUIRED): _____ Date: _____

An electronic signature is not accepted.

*In addition to the above, I authorize the disclosure of **my examination results** and **Candidate Score Report** to my Canadian physiotherapy program or Canadian Bridging Program for purposes of internal program evaluation and review.*

Signature (OPTIONAL): _____ Date: _____

Check List

- Complete, sign, and date the Application Form
- Include all payments
- Include a copy of the identity document you will use on the day of the exam
- Include additional documents if needed (e.g information about alternative accommodations)

Only original signature and hard copy documentation is accepted. Application must arrive at the CAPR office on or before Application Deadline date.



Credit Card Authorization Form

Client details:

Client ID:	
Full name:	
Signature:	

Payment details:

I authorize the Canadian Alliance of Physiotherapy Regulators to charge my credit card in accordance with the below information. *Note: Debit cards are not accepted.*

Amount (\$CAD):	
Payment Method:	
Name on card (print):	
Card number:	
Expiration Date:	<i>Month:</i>
	<i>Year:</i>
CVC (Card Verification Code)	
Billing address:	<i>Address Line 1:</i>
	<i>Address Line 2:</i>
	<i>Address Line 3:</i>
	<i>City:</i>
	<i>Province/State:</i>
	<i>Postal Code:</i>
	<i>Country:</i>
Cardholder's Signature:	
Department:	
Reason for payment:	
Date:	