



RESIGNATION
Nova Scotia Physiotherapy License

I, _____ License # _____

do hereby notify the Registrar of the Nova Scotia College of Physiotherapists that I will
be resigning my license effective on (Date) _____.

I confirm at this time that my practice hours for the current year total _____

And I have accumulated _____ Volunteer hours and _____ Continuing
Education hours in this current year as well.

Signature: _____ Date: _____