



NON RESIDENT APPLICATION FOR TEMPORARY REGISTRATION (NO FEE)

For Office use only: Approved <input type="checkbox"/> Date: _____	Initials: _____
Rejected <input type="checkbox"/> Date: _____	Initials: _____
Missing Info: _____	Reg. # 00 _____

Name: _____			
<small>Surname</small>		<small>Given Names in full</small>	
Address: _____			
<small>Street Address or PO Box</small>		<small>Town/City</small>	<small>Postal Code</small>
		<small>Country</small>	
Telephone # _____		Email Address: _____	
Language Proficiency: English <input type="checkbox"/> French <input type="checkbox"/> Other (please state) _____			
Name / Date of CE/Sporting Event: _____			

Birth Date: _____ <small>D/M/Y</small>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
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This form must be accompanied by:

- 1) Malpractice Insurance Proof: (Enclose proof of coverage)
- 2) Proof of Registration in home province

**RETURN FORMS TO; NSCP, 15 BROOKDALE CRESCENT, DARTMOUTH, NS B3A 2R3 OR
office@nsphysio.com OR by fax to 1-902-484-6381**

Physiotherapy Education

Title	√	Year	Institution	Province/ Country
Diploma				
Baccalaureate				
Masters (Entry)				
Masters (Clinical)				
Doctorate				

<u>AFFIDAVIT:</u>	
I, _____, hereby certify that I am not presently subject to any out standing penalty or condition respecting a finding of professional misconduct, incompetence or incapacity, and that I am not the subject of a current inquiry or proceeding respecting my practice as a physiotherapist in any other jurisdiction.	
I swear that the information given in these registration documents is true, correct and complete to the best of my knowledge.	
I hereby give the Registrar permission to contact the Registrar in any of my previous jurisdictions to verify my information.	
_____	_____
<small>Signature of applicant</small>	<small>Date</small>