



Regulatory Reference

Applicant

I request the regulatory board named below provide the information requested directly to Physiotherapy Alberta.

Regulatory board _____

Applicant name _____

Profession _____ Registration/license number _____

Signature _____ Date _____

Regulatory Board

1. Confirm the dates of registration/licensure and the current registration status/license type held.

2. Indicate if there are any current conditions/restrictions on the applicant's registration/license.

3. Indicate if the applicant is the subject of an investigation, alternative complaint resolution process, hearing, or appeal related to unprofessional conduct.

4. Describe any outstanding findings on record related to an unprofessional conduct issue.

Regulatory board _____

Name of signing officer _____

Contact information _____

(Seal)

Signature _____ Date _____