

4. Payment

A non-refundable \$240.00 application fee is charged for reviewing and processing the application.

MasterCard

Visa

Cheque (enclosed)

Credit card number _____ Expiry date (mm/yy) _____

5. Owner Signature

The undersigned agrees to advise Physiotherapy Alberta of any and all changes to information collected on this application either before or after approval.

Signature _____ Date _____

COMPLETED APPLICATION

SUBMIT completed application to:

Physiotherapy Alberta - College + Association
Suite 300 Dorchester Building, 10357 109 Street, Edmonton AB T5J 1N3
Email: info@physiotherapyalberta.ca | Fax: 780.436.1908

INCLUDE:

- Evidence the practice setting has appropriate policies and procedures in place that include but are not limited to:
- Standard employment/practice contact with physiotherapy staff
 - Practice setting's privacy statement
 - Privacy Impact Assessment (PIA) if available
 - Practice setting's policy and procedures that outline:
 - Administrative, physical and technical safeguards in place to protect confidential information
 - Record keeping expectations
 - Information about storage, retention, access, and disposal of clinical and financial records
 - Use, supervision and assignment of support personnel
 - Infection, prevention and control measures including hand washing facilities, clinic clean schedule, disposal of sharps, and reprocessing of equipment if applicable
 - Critical event management templates
 - Fee guidelines
 - Billing practices including ability of physiotherapists to audit their billing records
- Description how compliance with policies and procedures are communicated to physiotherapists and monitored