



Application Approval of Practice Setting

Ownership by a regulated member of a College under the HPA

1. Practice Setting

Name of practice setting

Street address

City/Town

Province

Postal code

Telephone number

Email

2. Ownership

Owner (1)

Owner's Name

Registration Number

Name of HPA College owner is registered with

Owner (2)

Owner's Name

Registration Number

Name of HPA College owner is registered with

Owner (3)

Owner's Name

Registration Number

Name of HPA College owner is registered with

3. Most Responsible Physiotherapist

I, _____
Physiotherapist's Name

Registration Number

a regulated member of Physiotherapy Alberta - College + Association, on the General Register, accept the appointment of 'most responsible physiotherapist' for the practice setting named in this application. As the most responsible physiotherapist it is my responsibility to provide oversight ensuring that Physiotherapy Alberta's standards of practice, code of ethics and other professional obligations are met.

I understand that it is my responsibility to inform Physiotherapy Alberta immediately if I cease to be the most responsible physiotherapist at this practice setting.

Signature _____

Date _____



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 the 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