



# CPA Clinical Specialty Program Candidate Application Form

## PRE-REQUISITES

Applicants of the CPA Clinical Specialty Program must provide the following:

- A Copy of your valid registration with their physiotherapy regulatory college in Canada
- Payment of non-refundable application fee (\$500 plus applicable GST/HST)

*Current membership in CPA and the relevant Division preferred*

## CANDIDATE INFORMATION

<input type="checkbox"/> Mr.	First Name	Last Name	Middle Name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Miss			
<input type="checkbox"/> Dr.			
Street address			Apt./Unit
City		Province	Postal Code
Email address		Phone Number	Fax Number

## PROGRAM REGISTRATION

**I am applying for the following certification (select one only):**

<input type="checkbox"/> Cardiorespiratory	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Oncology	<input type="checkbox"/> Neurosciences
<input type="checkbox"/> Pain Sciences	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Seniors' Health	<input type="checkbox"/> Sport
<input type="checkbox"/> Women's Health			

Total number of years in clinical practice:  
Total number of years in clinical practice in the specialty area:

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**CPA Member**                      **CPA Division(s) you are currently a member of:**

<input type="checkbox"/> Yes	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Animal Rehabilitation	<input type="checkbox"/> Cardiorespiratory
<input type="checkbox"/> No	<input type="checkbox"/> International Health	<input type="checkbox"/> Leadership	<input type="checkbox"/> Neurosciences
CPA ID	<input type="checkbox"/> Oncology	<input type="checkbox"/> Orthopaedic	<input type="checkbox"/> Paediatric
	<input type="checkbox"/> Pain Science	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Senior's Health
	<input type="checkbox"/> Sport Physiotherapy	<input type="checkbox"/> Women's Health	
	Canada		

## EMPLOYMENT

**Practice Facility (Check all that apply):**

Hospital  
 Community Care  
 Private Clinic  
 Academic Institution  
 Other Please specify:

**Provide a brief description of the focus of your clinical practice (one paragraph):**

## APPLICANT AGREEMENT

- All information provided in this application is true and complete to the best of my knowledge.
- I understand that I have a maximum of three (3) years to complete the Clinical Specialty Program from the date of acceptance into the program.
- I understand that I must have a minimum of five (5) years full-time\* applied clinical experience including three (3) years full-time clinical experience within the past five years in the specialty area† upon completion of the Clinical Specialty Program.
- My current practice includes at least 300 clinical contact hours in the clinical specialty area annually.
- I have included a copy of my College Registration.
- I am a member in good standing with my provincial Regulatory body.
- I understand that in the event of a disciplinary process all information from my participation in the program will be shared with my Provincial Regulatory body.
- I have included payment of the non-refundable application fee.
- I understand the Program Fees are due at the time of submission of Stage I materials.

*By typing your name in the field below you are agreeing to the terms outlined above.*

**Signature**

**Date**

1 FTE year is equivalent to 1800 hours

†There may be additional requirements in certain Divisions (e.g., field experience in sport physiotherapy)

## APPLICATION FEE PAYMENT

Breakdown of fees on page 4.

Visa

Mastercard

Cheque

Application Fee	\$ 500.00	CDN
GST/HST	\$	CDN
Total Amount Charged	\$	CDN
Cardholder's Name		
Credit Card Number		
Expiration Date		
3 or 4 digit security code		

*Or:*

*make cheque payable to:*

*Canadian Physiotherapy Association  
955 Green Valley Crescent, Suite 270  
Ottawa, ON K2C 3V4*

## APPLICATION AND PROGRAM FEES

Application Fee	\$500.00 CDN + applicable taxes
Program Fee, CPA Member	\$2150.00 CDN + applicable taxes
Program Fee, Non-Member	\$3500.00 CDN + applicable taxes

### Application Fee Breakdown by Province

Made payable at the time of application

Province	AB	BC	MB	NL	NB	NWT/YK/NT	NS	ON	PEI	QC	SK
Fee	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
GST/HST	\$25	\$25	\$25	\$65	\$65	\$25	\$75	\$65	\$75	\$25	\$25
<b>Total</b>	<b>\$525</b>	<b>\$525</b>	<b>\$525</b>	<b>\$565</b>	<b>\$565</b>	<b>\$525</b>	<b>\$575</b>	<b>\$565</b>	<b>\$575</b>	<b>\$525</b>	<b>\$525</b>

### Program Fee Breakdown by Province

Payable at the time of Stage I Submission. To receive the member rate, you must be a CPA Member in good standing through the duration of the program. Candidates who do not renew membership while enrolled in the program will be subject to an additional charge of \$500.00 CDN.

#### For CPA Members

Province	AB	BC	MB	NL	NB	NWT/YK/NT	NS	ON	PEI	QC	SK
Fee	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150	\$2150
GST/HST	\$108	\$108	\$108	\$280	\$280	\$108	\$323	\$280	\$322	\$108	\$108
<b>Total</b>	<b>\$2,258</b>	<b>\$2,258</b>	<b>\$2,258</b>	<b>\$2,430</b>	<b>\$2,430</b>	<b>\$2,258</b>	<b>\$2,473</b>	<b>\$2,430</b>	<b>\$2,472</b>	<b>\$2,258</b>	<b>\$2,258</b>

#### For Non-members

Province	AB	BC	MB	NL	NB	NWT/YK/NT	NS	ON	PEI	QC	SK
Fee	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650	\$2650
GST/HST	\$133	\$133	\$133	\$345	\$345	\$133	\$398	\$345	\$398	\$133	\$133
<b>Total</b>	<b>\$2,783</b>	<b>\$2,783</b>	<b>\$2,783</b>	<b>\$2,995</b>	<b>\$2,995</b>	<b>\$2,783</b>	<b>\$3,048</b>	<b>\$2,995</b>	<b>\$3,048</b>	<b>\$2,783</b>	<b>\$2,783</b>