



AUTHORIZATION LETTER

I, _____, authorize the Canadian Alliance of Physiotherapy Regulators to release to the authorized representative named below any information about my Credentialing and / or Prior Learning Assessment and Recognition applications, including the status of my application(s), the progress towards any credentials review, the final evaluation results and reports and any other information in or relating to my file

Signature of Applicant: _____

Name: _____

Applicant's Date of Birth _____

AUTHORIZED REPRESENTATIVE

Name of Representative _____
(Please Print clearly)

Telephone: _____

e-mail Address: _____

Notary Seal and Signature:

Date: _____