



CHANGE OF EXAM SITE/DATE FORM

Physiotherapy Competency Examination Part II: Clinical Component

Please PRINT

Candidate Name		
	Last	First
Candidate ID No.		
I am currently registered for: (check one)	<input type="checkbox"/> June 7, 2008	<input type="checkbox"/> November 16, 2008

Site Change		
<p>This section is to be used if you are requesting a different site from your original first and second choice. A request for a site change may be considered if space is available at the requested site after all first choices from applications have been accommodated. Requests for a site change must be in writing. There is a \$100.00 site change fee for requests submitted after the change/withdrawal deadline. The service fee will be returned if a change is not possible.</p>		
Please change my exam site to:		
	New First Choice	New Second Choice

Date Change		
<p>This section is to be used if you are requesting a date change for your exam. Please note that it is not possible to change an exam date after the change/withdrawal deadline*. Requests for date change submitted after the change/ withdrawal deadline will be considered as withdrawals. The \$100.00 date change fee applies for requests submitted after the application deadline.</p> <p>Please contact your regulator before changing your exam date as this may affect your license to practice.</p> <p>I am currently registered with:(please √)</p> <p><input type="checkbox"/> BC <input type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> MB <input type="checkbox"/> ON <input type="checkbox"/> QC <input type="checkbox"/> PEI <input type="checkbox"/> NL <input type="checkbox"/> NS <input type="checkbox"/> NB <input type="checkbox"/> YK <input type="checkbox"/> Not Registered</p>		
Please change my exam date to:	<input type="checkbox"/> June 6, 2009**	<input type="checkbox"/> November 22, 2009**

* See below for change/withdrawal deadlines.

** Date changes to the next calendar year require a new application form and registration fee.

Signature

Date (MM/DD/YY)

Mail form and applicable fees to:

Canadian Alliance of Physiotherapy Regulators
1243 Islington Ave., Suite 501, Toronto, Ontario M8X 1Y9
Fax: 416 234 8820

For Office Use Only

Date received:

Date entered:

Entered by:



Canadian
Alliance of
Physiotherapy
Regulators

Alliance canadienne
des organismes de
réglementation de
la physiothérapie

Physiotherapy Competency Examination Part II: Clinical Component Deadline Dates

Component	Exam Date	Application Deadline	Change and Withdrawal Deadline
Clinical Component	June 7	Jan 1, 2008	Mar 1, 2008
	November 16	Jun 1, 2008	Aug 1, 2008