



## CHANGE OF EXAM SITE/DATE FORM

### Physiotherapy Competency Examination Part I: Written Component

Please PRINT

Candidate Name				
	Last		First	
Candidate ID No.				
I am currently registered for: (check one)	<input type="checkbox"/> January 11, 2009	<input type="checkbox"/> March 7, 2009	<input type="checkbox"/> May 10, 2009	
	<input type="checkbox"/> July 11, 2009	<input type="checkbox"/> September 13, 2009	<input type="checkbox"/> November 7, 2009	

<b>Site Change</b> 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 will be considered before the <b>change/withdrawal deadline*</b> , if space is available at the requested site after all first choices from applications have been accommodated. Requests for site change must be in writing. It is not possible to change your exam site after the withdrawal deadline.		
Please change my exam site to:		
	New First Choice	New Second Choice

<b>Date Change</b> This section is to be used if you are requesting a date change for your exam. Requests for date change must be in writing and accompanied by the \$100.00 date change fee (if applicable). The date change fee does not apply if the request is submitted before the <b>Withdrawal Deadline*</b> . Please note that the withdrawal deadline for the original examination will be used to calculate any refund for future withdrawal.  Please contact your regulator before changing your exam date as this may affect your license to practice.  I am currently registered with:(please √) <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			
Please change my exam date to: (check one)	<input type="checkbox"/> March 7, 2009	<input type="checkbox"/> May 10, 2009	<input type="checkbox"/> July 11, 2009
	<input type="checkbox"/> September 13, 2009	<input type="checkbox"/> November 7, 2009	<input type="checkbox"/> 2010**

\* 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 I: Written Component Deadline Dates**

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<b>Component</b>	<b>Exam Date</b>	<b>Application Deadline</b>	<b>Change and Withdrawal Deadline</b>
Written Component	January 11	Oct 1, 2008	Dec 1, 2008
	March 7	Dec 1, 2008	Feb 1, 2009
	May 10	Feb 1, 2009	Apr 1, 2009
	July 11	Apr 1, 2009	Jun 1, 2009
	September 13	Jun 1, 2009	Aug 1, 2009
	November 7	Aug 1, 2009	Oct 1, 2009