



**CAPR**  
Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**  
Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

1243 Islington Avenue, Suite 501  
Toronto, Ontario M8X 1Y9  
P : 416 234 8800 | F : 416 234 8820  
[www.alliancept.org](http://www.alliancept.org)

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## Request for File Review

**Note: This is NOT an application for exam registration. To register for an exam, please complete the correct exam application form and return it to our office with the required fees.**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. Street (name and number)

City Province

Country Postal code

Telephone (home): \_\_\_\_\_ Telephone (business): \_\_\_\_\_

Email: \_\_\_\_\_

File Review \$125 \_\_\_\_\_

(Note: fee changed in 2014)

Date of Exam (month/year): \_\_\_\_\_

**Method of Payment** – put a checkmark beside your payment method (fees are listed above)

Credit card (form attached) \_\_\_\_\_ Certified cheque \_\_\_\_\_ Money order \_\_\_\_\_ Bank draft \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date received: \_\_\_\_\_

ID Number: \_\_\_\_\_

Payment received: \$125.00 \_\_\_\_\_

File Review: \_\_\_\_\_



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## Payment by Credit Card

**If you want to pay by credit card, please complete the form below and print clearly.  
(Debit Credit cards are not accepted)**

**I authorize the Canadian Alliance of Physiotherapy Regulators to charge the following amount to my credit card:**

Card type (check one):     Visa     MasterCard

Amount Paid:    \_\_\_\_\_ \$CAN

Card Number:    \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Card Validation Code (3-digit number on the back of your card):    \_\_\_\_ \_\_\_\_ \_\_\_\_

Expiration date (mm/yyyy): \_\_\_\_\_

Name (as it appears on your card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Candidate/Applicant's name:**

\_\_\_\_\_

**Reason for payment:** \_\_\_\_\_ – Clinical Component – FILE REVIEW  
date

**Candidate/Applicant's signature:**

\_\_\_\_\_

**Date (dd/mm/yyyy):** \_\_\_\_\_