



## EXAMINER PAYROLL FORM PHYSIOTHERAPY COMPETENCY EXAMINATION – CLINICAL COMPONENT

- Saturday March 20, 2021  
 Sunday March 21, 2021

Station#: \_\_\_\_\_  
Station#: \_\_\_\_\_

Please print clearly the following information:

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

Has your name has changed within the current year?  Former name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ SIN: (to be completed by CAPR) \_\_\_\_\_

We will issue a T4A to anyone who receives \$500.00 or more in the calendar year. We will send the T4A to the address on this payroll form. Please inform us if you move with information of the new address in order to ensure your T4A is sent correctly. Please send any updated information to [ccexaminers@alliancept.org](mailto:ccexaminers@alliancept.org)

I certify that I was a Physiotherapist Examiner for the Canadian Alliance of Physiotherapy Regulators and request payment for services rendered. Please check:

Role:

- Chief Examiner
- Assistant Chief Examiner
- Examiner
- Spare Examiner

Activities:

- PEET and Night Before Training
- Platform training
- Exam day

**TOTAL AMOUNT \$** \_\_\_\_\_ to be completed by CAPR

### Confidentiality Agreement

Each person who works on the exam by his/her act of participating in that examination, agrees to the following Rules of Conduct:

- I understand that the content of the Physiotherapy Competency Exam is highly confidential in nature.
- I acknowledge that the Physiotherapy Competency Examination and the stations therein are the exclusive property of the Canadian Alliance of Physiotherapy Regulators.
- I understand that no examination material may be duplicated or discussed without permission of the National Director of Credentials and Examinations.
- I acknowledge that I can remove no part of the Physiotherapy Competency Examination from the exam site, nor can I give or receive information about the examination either before or after the examination.
- I will ensure the confidentiality and security of the examination test questions.
- Furthermore, I declare that I have no conflicts of interest with any candidate participating in the Physiotherapy Competency Exam.

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

If the above contact and banking information is accurate, payment will be made by direct deposit approximately 6 weeks after the exam date. Please check your bank statement before calling CAPR.