



## ELIGIBILITY FOR INITIAL REGISTRATION AS A SCPT MEMBER

### Bylaw XIII, Section 2 – Initial Registration as a Member

- (1) The following persons making an application for registration may be registered as physical therapists upon submitting proof of qualifications and payment of the proper fees:
  - (a) applicants who have an undergraduate or master's degree in physical therapy from a university in any province or territory in Canada or whose education is deemed equivalent by council; or
  - (b) applicants who are registered in any province or territory in Canada and
    - (i) who are not the subjects of any current inquiry or proceedings by another physical therapy regulatory body in another jurisdiction;
    - (ii) against whom there are no current restrictions to practice or disciplinary actions pending; and
    - (iii) who have completed 1200 hours of physical therapy practice in the past five years; or
  - (c) applicants who have successfully completed a physical therapy competency examination that is recognized by council.
- (2) Any other person who is a graduate from a university, college or school in any other country may be entitled to be registered as a physical therapist if the council is satisfied that:
  - (a) the academic standards and curriculum of instruction fixed by such university, college or school for the teaching of physical therapy are deemed, by council, to be at least equivalent to those of a Canadian University physical therapy program; and
  - (b) the language fluency requirements as recognized by council have been met; and the applicant is not the subject of any current inquiry or proceedings as a physical therapist/physiotherapist in another jurisdiction, and there are no current restrictions to practice or disciplinary actions pending against the applicant; and
  - (c) the applicant has successfully completed a physical therapy competency examination that is recognized by council.
- (3) Registration of an applicant in the college as a member may be granted by the executive director.

### **PRE –REQUISITES FOR SCPT LICENSURE (Bylaw XIV, (1))**

- (1) Every physical therapist shall, before practicing physical therapy in Saskatchewan, apply for and obtain a licence.
- (2) An applicant shall submit proof and have completed 1200 practice hours of physical therapy practice anywhere in the world within the five-year period immediately preceding the date of application,
- (3) An applicant may be exempted from Bylaw XIV, Section 1(2) if one of the following criteria has been met:
  - (a) successful completion of an undergraduate or master’s degree in physical therapy from a university in any province in Canada within four years immediately preceding the date of application; or
  - (b) successful completion of a re-entry program approved by the college within four years immediately preceding the date of application; or
  - (c) successful completion of a physical therapy competency examination recognized by the college within four years immediately preceding the date of application.
- (4) An applicant for a licence to practice must provide proof, satisfactory to council, of professional liability insurance for an amount not less than Five Million (\$5 Million) on any one client or Five Million (\$5 Million) maximum for the policy year.
- (5) Subject to registration and the payment of the appropriate fees, completion of the application form and otherwise complying with these bylaws, every person who is registered with the college shall be entitled to receive a licence to practice physical therapy in the province of Saskatchewan under the corporate seal of the college, signed by the registrar.

### **ELIGIBILITY FOR A SCPT PRACTICING LICENCE (Bylaw XIV,(2))**

- (1) A licence to practice physical therapy, which shall cover the period from the date of issue to March 31st subsequent, may be granted to individuals who:
  - (a) have registered pursuant to Bylaw XIII, Section 2(1) or 2(2), Initial Registration as a Member, and
  - (b) have fulfilled all the requirements of Bylaw XIV, Section 1, Pre-Requisites for Licensure, and
  - (c) have complied with one of the following:
    - (i) have successfully completed a physical therapy competency examination that is recognized by council; or
    - (ii) are graduates from a Canadian undergraduate or master’s physical therapy program in a jurisdiction where the statutory framework provides terms and conditions of cooperation between the regulatory body and the authorities of such university programs, particularly in preparing curricula leading to conferring a degree giving access to an unrestricted licence to practice (such as Quebec) and can demonstrate integration of practice competency through clinical physical therapy practice during the previous two years in the same jurisdiction; or
    - (iii) are registered in any Canadian province or territory and have no current restrictions to practice or disciplinary actions pending against that person and can demonstrate integration of practice competency through at least 3200 hours of clinical physical therapy practice in Canada within a period of not less than two and not more than three years; or
    - (iv) are currently registered with the college as a non practicing member at the time these amended bylaws are passed and have no current restrictions to practice or disciplinary actions pending against that person
- (2) The executive director may issue a licence to practice physical therapy.

### **ELIGIBILITY FOR SCPT RESTRICTED LICENCE (bylaw XIV,(3))**

- (1) A Restricted Licence may be granted to individuals to practice physical therapy under well-defined conditions or limitations imposed by council, as specified pursuant to The Physical Therapy Act, 1998, Section 19(2).
- (2) Restricted Licences may be issued to those persons who have successfully passed the written but not yet the oral/practical component of a physical therapy competency examination that is recognized by council and who:
  - (a) have registered and fulfill the requirements of Bylaw XIV, Section 1, Pre-Requisites for Licensure and
  - (b) are engaged in a re-entry to practice process pursuant to Bylaw XIV, Section 7, Re-entry to Practice; or
  - (c) have successfully received an undergraduate or master's degree in physical therapy from a university in any province in Canada within four years immediately preceding date of application; or
  - (d) are registered pursuant to Bylaw XIII, Section 2(2), having graduated from a university, college or school in any other country.
- (3) A Restricted Licence issued according to Bylaw XIV, Section 3(2) shall be for up to 18 months, during which time the person must successfully complete the oral/practical component of a physical therapy competency examination that is recognized by council.
- (4) The executive director may issue a Restricted Licence after council has determined the restrictions to be placed on an individual's licence.
- (5) The Restricted Licence so issued shall state the restrictions imposed by council on practice by this bylaw.

### **SCPT COLLECTION OF PERSONAL INFORMATION POLICY**

The Saskatchewan College of Physical Therapists is committed to keeping confidential personal information about you and your clients. Personal information is information that identifies you as an individual. It can include your name and address, age and gender, but also your identification licence/registration numbers and employment information.

As part of our ongoing commitment, we want you to know why we ask for your personal information and how we use it. Some of the purposes for which your personal information is collected and used include:

- (a) to fulfill statutory requirements under the Physical Therapists Act, regulatory bylaws, and Non Profit Act
- (b) to understand your needs
- (c) to determine your eligibility for membership and licensure
- (d) for aggregate collection of information by the College, provincial and national physical therapist organizations, health organizations to be utilized for decision making on regulatory issues or concerns to the profession/public.

We take our responsibility to protect the confidentiality of your personal information very seriously. For further information of our commitment to protect your privacy, please contact the SCPT Office





Office Use Only: Cheque # : _____	Receipt # : _____	Date Received: _____
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**2005/2006  
APPLICATION FORM**

**A. DEMOGRAPHICS**

SURNAME  GIVEN NAME

MIDDLE INITIAL

FORMER NAME  BIRTH DATE (DD/MM/YY) \_\_/\_\_/\_\_  MR.  MRS.  MS.  MISS

Mailing Address

City  Province  Postal Code  Country

Home Telephone  E-mail

**B. LICENCE INFORMATION**

Indicate with a check mark the type of membership applying for

LICENCES	Description	Annual Fee
<input type="checkbox"/> Practicing or Restricted	Mandatory <b>licence</b> to actively practice Physical Therapy in Saskatchewan	\$375.00
<b>MEMBERSHIPS</b>		
<input type="checkbox"/> Non Practicing	Not currently practicing Physical Therapy in Sask. and eligible for registration as a practicing member	\$ 75.00
<input type="checkbox"/> Life	Retired, not currently practicing & awarded Life membership by Council	\$ 00.00
<input type="checkbox"/> Honorary	Not currently practicing (awarded by Council for distinguished contributions)	\$ 00.00

Previously Licenced in Saskatchewan      Yes       No       Previous #

Indicate other Province (s) or Country (ies) of Registration

Mailing Address

City  Province  Postal Code  Country

## C. EMPLOYER INFORMATION

### Primary Employer (includes self-employment)

Name of Facility/Clinic/Agency

Address

City  Province  Postal Code  Country

Business Telephone  **EXT.**  Facsimile

### Secondary Employer (includes self employment)

Name of Facility/Clinic/Agency

Address

City  Province  Postal Code  Country

## D EMPLOYMENT

### Employment Status

Full Time Permanent       Part Time Permanent       Not working  
 Full Time Temporary       Part Time Temporary

### Area of Employment

Working in Physical Therapy in this Province  
 Working in Physical Therapy outside this Province  
 Leave of absence from Physical Therapy in this Province

Indicate Regional Health Authority(s) you are employed by (if applicable) \_\_\_\_\_

**Place of Employment (Check only one "A" for primary employment and one "B" for secondary employment from all places of employment choices) as indicated in section C-Employer Information**

Place of Employment	A	B	Place of Employment	A	B
General Hospital			Pediatric Hospital/Facility		
Rehab Hospital/Facility			Psychiatric Hospital/Facility		
Special Care Home			Private Practice-physical therapist owned		
Industry			Private Practice-not physical therapist owned		
Community Health Centre			Mentally Challenged Facility		
Home Care Program			Government/Official Agency		
Arthritis Society			School Board		
Other Visiting Agencies			University/College		
Community Therapy			Consulting Firm/Agency		
Other (Specify)			Professional/Health Association		

Anticipated Work Date: (If applicable) \_\_\_\_\_

**E. LANGUAGE**

Language Proficiency      English       French       Both   
 Other Languages (Specify)

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**F. EDUCATION**

*Physical Therapy (Please indicate all qualifications)*

	INSTITUTION	COUNTRY (if not Canada)	YEAR
Diploma			
Baccalaureate			
Master			
Ph. D.			

*Other Degrees/Diplomas*

TITLE	INSTITUTION	COUNTRY (if not Canada)	YEAR

Physiotherapy Competency Exam      Yes       No   
 Year       PCE Exam #

**Specialty Areas**

(Please attach proof of certification of courses (photocopy of transcripts, certificates, diploma))

	Course	Institute	Year
<input type="checkbox"/>	Acupuncture		
<input type="checkbox"/>	Dry Needling		
<input type="checkbox"/>	Pelvic Floor Retraining and Treatment		
<input type="checkbox"/>	Spinal Manipulation		

## G. COMPETENCY

Indicate your primary area of responsibility (Indicate only one of the choices below)

- Direct Patient Care                       Sales                       Consulting  
 Administration                       Teaching                       Research  
 If Other, please state: \_\_\_\_\_  Other

Indicate your primary (A) and secondary (B) areas of practice.  
 (Indicate one choice for "A" and one choice for "B" from all the practice choices below)

Practice	A	B	Practice	A	B	Practice	A	B
Amputees			Mentally Challenged			Pediatrics		
Burns			Neurology			Plastics		
Cardiology			Obstetrics			Psychiatry		
General			Orthopedics			Respirology		
Gerontology			Palliative Care			Rheumatology		
Health Promotion						Sports Medicine		

Which category best describes your clients/patients [A & B]

- \_\_\_\_\_ Pediatric                      \_\_\_\_\_ Adult  
 \_\_\_\_\_ Geriatric                      \_\_\_\_\_ All Ages

Which classification best describes the level of your clients/patients [A & B]

- \_\_\_\_\_ Acute                      \_\_\_\_\_ Rehab  
 \_\_\_\_\_ Long Term Care                      \_\_\_\_\_ Mixed

Have you done re-entry training in the last 4 years?

- Yes  No

(If Yes, state date(s) \_\_\_\_\_ location \_\_\_\_\_

Direct Supervisor \_\_\_\_\_

Please note other qualifications/training

## H. PERSONAL INFORMATION

Circle "Y" for Yes or "N" for No

Do you wish to have your name included on a membership list when it is requested by outside agencies (e.g. education seminars, alumni, recruiting advertisements, etc.)? **Y or N**

Do you wish to volunteer for a council position of SCPT?  
 It would require 4-6 meetings a year **Y or N**

Do you wish to volunteer for a committee of SCPT?  
 This commitment could involve 1-3 meetings per year to work on a specific issue.  
**Y or N**

## PRACTICE HOURS CATEGORIES

Physical Therapy practice hours shall be defined as hours spent in the provision of physical therapy services:

- (A) in clinical settings performing patient assessment, treatment, and follow-up, including instruction to family and other care givers in which skills are taught specifically to an individual patient; and/or
- (B) in non-clinical settings working in administration, research, education, or as a consultant in a position where the skills and training of a physical therapist are utilized and constitute the basis for the job responsibilities. (Therefore, the therapist maintains current physical therapy concepts and methods of practice).

### 1. Worked Hours

Only actual **PAID WORKED HOURS AS A LICENCED PHYSICAL THERAPIST** are counted towards the worked hours required to maintain an Active Practice Licence. There are exceptions to Paid Worked Hours that **CANNOT** be included as **WORKED HOURS**. These are "On Call", travel time, (which is not part of the job) or leave of any type (vacation, statutory leave, leave of absence, maternity, illness or disability). A person employed in a job which is described as requiring physical therapist qualifications, cannot use this requirement as proof of active practice. It is the responsibility of the individual physical therapist to keep a record of the total number of hours worked in a five-year period. The Registrar/Council may request verification of hours at any time. If there is any question as to acceptance of hours it is recommended that an individual therapist have her/his job or hours verified prior to submission of the initial or licence renewal form. A committee has been established to provide evaluation of an individual's job responsibilities and duties and decide whether the hours constitute Physical Therapy Practice. If the applicant is not satisfied she/he may appeal to Council.

### 2. Verified Volunteer Hours

These are non-paid hours. Actual volunteer hours may be counted towards the hours required to maintain an Active Practice Licence. The therapist must be performing services that require the qualifications of a Physical Therapist. Hours may be considered in clinical and non-clinical settings. (Examples are: research, education, consultation, or direct Physical Therapy involvement at sporting activities, etc.). It is the responsibility of the individual Physical Therapist to keep a log of the volunteer activities and the agency involved for verification if requested.

In a five-year period no more than a cumulative total of 300 hours of the required 1200 hours will be accepted.

### 3. Continuing Education

Education courses of short duration deemed necessary to maintain or improve job skills and which are directly related to the active practice of physical therapy will be considered as hours required to maintain an Active Practice Licence. Course description and number of hours must be supplied on request of the Registrar. **It is the responsibility of the individual to keep a record.** In a 5- year period, no more than 250 hours of the required 1200 hour requirement will be accepted.

### 4. Authorship

Time spent in authorship can constitute practice hours if the article or book is directly related to the practice of physical therapy.

### 5. Professional Activities

A reasonable percentage of hours spent in College or professional association activities are eligible for practice hours. In a 5- year period, no more than 250 hours of the required 1200 hours will be accepted.

**Please note, for reporting purposes, you can forecast your practice hours for March 2004 based on your actual experience from April 1, 2003 to February 28, 2004.**

**I. PRACTICE HOURS (REPORT THE ACTUAL HOURS WORKED IN THE LAST 5 YEARS)**

<i>Time Period</i>	<i>Actual Worked Hours</i>	<i>Place of Employment</i>
April 2004 – March 2005	Hours	
April 2003 – March 2004	Hours	
April 2002 – March 2003	Hours	
April 2001 – March 2002	Hours	
April 2000 – March 2001	Hours	

***AFFIDAVIT***

***I am not subject to an outstanding penalty or condition respecting a finding of professional misconduct, incompetence or incapacity, and am not the subject of any current inquiry or proceedings respecting my practice as a physical therapist/physiotherapist in another jurisdiction.***

***I hereby certify that the information given in this form is true, correct and complete to the best of my knowledge and that any false declaration made herein will invalidate my licence to practice physical therapy.***

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***Signature***

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***Date***