

# Application to Use Specialty Title

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Please select the approved certifying organization and the specialty designation that you have been granted. Please check all the appropriate boxes.

**Physiotherapy Specialty Certification Board of Canada**

- Cardiorespiratory Specialist
- Musculoskeletal Specialist
- Neuroscience Specialist
- Oncology Specialist
- Paediatrics Specialist
- Pain Sciences Specialist
- Seniors' Health Specialist
- Sport Physiotherapy Specialist
- Women's Health Specialist

**American Board of Physical Therapy Specialties**

- Cardiovascular & Pulmonary Specialist
- Clinical Electrophysiology Specialist
- Geriatrics Specialist
- Neurology Specialist
- Orthopaedics Specialist
- Pediatrics Specialist
- Sports Specialist
- Women's Health Specialist

If your certifying organization does not appear on the list above, please contact The Canadian Alliance of Physiotherapy Regulators to have your specialty certification program assessed. Only programs evaluated and approved by The Alliance can be recognized.

**Declaration**

I hereby declare that:

1. I hold a specialty designation granted by an approved certifying organization.
2. I understand that I must inform the College and discontinue use of the specialty title if I am no longer authorized by the certifying organization to hold the specialty designation.

I hereby certify and declare that all information provided on this application form is complete and correct to the best of my knowledge and belief. I understand that making a false or misleading statement on this declaration or failing to comply with the Standards of Practice of the profession or the Colleges' professional misconduct regulation may result in my referral to a College committee including the Discipline Committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_