



**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

## Request for Academic Documents Form

### Instructions for Applicant

- 1) Please complete the top part of the form.
- 2) Submit this form to the institution's **Registrar, Controller of Examinations or other authorized school official.**

#### APPLICANT FULL LEGAL NAME:

Last Name(s)/Surname(s): \_\_\_\_\_

First Name(s) / Given Name(s): \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

*I agree to allow my physiotherapy institution to give the information asked for in the Request for Academic Document Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) so that CAPR can complete my educational credential and qualifications assessment.*

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### Instructions for Institution

**The student named above has applied to the Canadian Alliance of Physiotherapy Regulators (CAPR) for an educational credential and qualifications assessment. To help us complete the student's assessment, please provide the information asked for in the remainder of this document.**

- 1) Please complete this section of the form.
- 2) The institution must place this form and any other required documentation in an envelope, ensuring the institution stamps and seals the envelope, and the institution is listed as the sender of the all packages, including courier packages.
- 3) **The institution must send this information directly to the CAPR office, not to the student.** We will not accept this form if the student or any relative or friend of the applicant completes it or sends it to us.

\_\_\_\_\_  
Name of Official (Print)

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

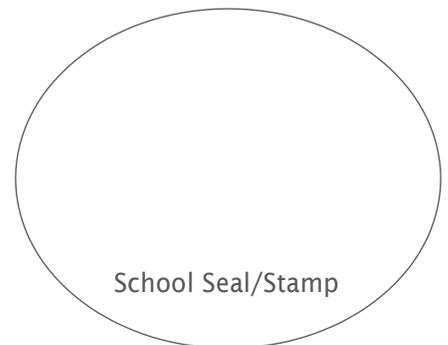
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of University/Institution if different from above

\_\_\_\_\_  
Degree/Credential Obtained

\_\_\_\_\_  
Date Conferred



School Seal/Stamp



**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

Physiotherapy education received from the following countries: **Bangladesh, China, Cuba, Egypt, India, Nigeria, Pakistan, The Philippines, or Ukraine please refer to Appendix 1 – Educational Credential and Qualifications Assessment - Country-Specific Document Requirements** on our website for instructions.

<p><b>Document Checklist for Institution</b> Please check the box to ensure that you have enclosed all necessary items as instructed by the student.</p>	<p><b>Please X the box</b></p>
<p>Completed Request for Academic Document Form <u>including this page</u>. We will only accept the original copy of this form.</p>	<p><input type="checkbox"/> Attached</p>
<p>Official academic records (also known as transcripts or mark sheets or statement of marks) and the relevant grading scale must be issued and sent by the university in a stamped and sealed envelope. <b>For China, Cuba, Pakistan and Ukraine</b>, the applicant is responsible for arranging for their official academic records to be submitted to our office from the appropriate authority.</p>	<p><input type="checkbox"/> Attached</p>
<p><b>For Pakistani-educated applicants:</b> Verified higher secondary/intermediate certificate of examination AND the mark sheets/result card.</p> <p><b>For Nigerian-educated applicants:</b> Final secondary examination results AND a new unscratched WAEC or NECO scratch card.</p>	<p><input type="checkbox"/> Attached</p>
<p>Attested supporting supervised clinical practice hours information (e.g. placement hours or clinical practicum).</p> <ul style="list-style-type: none"> <li>The school must provide an attested supporting supervised clinical practice document that indicates your clinical placement (locations), dates, the areas of practice (e.g., musculoskeletal, neurological and cardiorespiratory conditions) and the hours you completed in each of your clinical placements. This document is required to support the supervised clinical practice information provided on Form D.</li> <li><b>For students educated in Bangladesh, India, Pakistan and The Philippines</b>, to fulfill this requirement the school must submit an attested copy of the clock hours documentation (also known as transcript of hours). The clock hours document must indicate the number of hours completed in supervised clinical practice.</li> </ul>	<p><input type="checkbox"/> Attached</p>
<p>Attested copy of the Clinical Internship Certificate applicable to <b>graduates from Egypt, India, Pakistan, The Philippines only</b></p>	<p><input type="checkbox"/> Attached</p>
<p>Other – Clarification required by CAPR as per reference number: _____ on the assessment letter (if available)</p>	<p><input type="checkbox"/> Attached</p>