



Ordre professionnel
de la physiothérapie
du Québec

IMPORTANT NOTICE

(s. 65 of the Act respecting Access to documents held by public bodies and the Protection of personal information, CQRL, c. A-2.1)

EQUIVALENCY REQUEST FORM

The information requested on this form is collected to enable the OPPQ and its bodies to monitor the practice of the profession of physiotherapist and physiotherapy technologist, including the recognition of the equivalence of diplomas issued outside Québec or the equivalence of training.

The information requested is required to establish if an equivalence can be recognized and, if applicable, to determine the conditions to be met for the recognition of an equivalence.

Failure to provide the information requested may result in the refusal to recognize an equivalency.

You may contact the admissions Department (admission@oppq.qc.ca) at any time to obtain a copy of the form submitted, or any document submitted in support to your equivalency request, or to rectify any information it contains.

Document translated from French to English by McGill University with kind permission of OPPQ

Important

- Save this document on your computer before completing it on your screen. Once the form is completely filled out, **sign it and include the date.**
- Before submitting your application, make sure that you answered all the questions and attached the processing fees in order to process your request.
Correspondence by email (scanned files, PDF or JPG format) to the following email address: admission@oppq.qc.ca
Please note that, upon request by the Service de l'admission, original documents may have to be sent by mail.
- Correspondence by mail addressed to the Service de l'admission at the address indicated above.

For use by the OPPQ:	
Date of registration:	
Foreign diploma/ training:	
Applicant number:	

For candidates trained outside of Quebec who wish to obtain equivalency of degree or training	
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DATE OF THE REQUEST: _____ (yyyy-mm-dd)	TYPE OF LICENSE DESIRED: <input type="checkbox"/> Physiotherapist (PT) <input type="checkbox"/> Physiotherapy Technologist
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Personal information	
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LAST/FAMILY NAME AT BIRTH:	FIRST NAME:	
RESIDENCE ADDRESS (Street number and name, apartment):		
CITY, PROVINCE, COUNTRY:	POSTAL CODE:	
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH _____ (yyyy-mm-dd)	SEX: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-binary	SPOKEN LANGUAGE (S): <input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER – Specify: _____
LANGUAGE OF CORRESPONDENCE: <input type="checkbox"/> FR <input type="checkbox"/> EN	CORRESPONDENCE ADDRESS IN QUEBEC (If different from the address mentioned above): Street name and number, apartment: _____ City, Province: _____ Postal Code: _____	

Member of a professional order			
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<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes →	Province/State:	Country:	License number:
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Physiotherapy education			
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DEGREE OBTAINED:	YEAR OF COMPLETION:	EDUCATIONAL ESTABLISHMENT	COUNTRY

Additional training completed			
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DEGREE OBTAINED:	YEAR OF COMPLETION:	EDUCATIONAL ESTABLISHMENT	FIELD

REQUEST FORM FOR EQUIVALENCY IN PHYSIOTHERAPY (International Applicants)

Mandatory Declarations

Have you ever been subject to a disciplinary hearing rendered in Quebec imposing a sanction by the disciplinary board of another professional order or by the Professions Tribunal or by an equivalent professional body in another Canadian province or abroad?

<input type="checkbox"/> Yes →	Provide details:			
	Nature of the infringement: _____			
<input type="checkbox"/> No ↓	Nature of the sanction: _____			
	Name of the order or professional organization that made the decision: _____			
	Date of the decision: _____ <small>(yyyy-mm-dd)</small>	File No: _____	Province/ State: _____	Country: _____

Have you ever been subject to a decision rendered in Quebec or by a court in Canada or elsewhere convicting you of a criminal offence or an offence of a provision of the Statutes of Quebec?

<input type="checkbox"/> Yes →	Provide details:			
	Nature of the infringement: _____			
<input type="checkbox"/> Yes, and I obtained a pardon ↓	Sentence given: _____			
	Name of the court: _____			
<input type="checkbox"/> No ↓	Date of the judgment: _____ <small>(yyyy-mm-dd)</small>	File No: _____	Province/ State: _____	Country: _____

Knowledge of the French language (requirements of Quebec's Charter of the French Language (L.R.Q., c. C-11, a. 35))

I have completed, full-time, at least three years of school at a secondary or post-secondary level.

<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes →	<input type="checkbox"/>	I studied for at least three years, full-time, at a secondary or post-secondary school that provides the teaching in French (high school, CEGEP, university); I passed the French native language tests at the fourth or fifth year at the secondary level in Quebec; I have graduated from high school in Quebec, starting from the school year 1985-1986. <i>* Include any supporting documentation depending on the situation</i>
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I have a certificate from Quebec's French Language Office (OQLF)

<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes →	Attach all required documents or hold a certificate considered equivalent by the Government Regulations.
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Knowledge of the French language (requirements of Quebec's Charter of the French Language (L.R.Q., c. C-11, a. 35))

I have completed, full-time, at least three years of school at a secondary or post-secondary level.

<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes →	Educational establishment	Years of study
I have a certificate from Quebec's French Language Office (OQLF)			
<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes →	Province/State	Country
		License number	

Charges for file analysis and setup

The fees for file analysis and setup come to **\$747.34 CAN**, including taxes. Please note that this amount does not include the fee that would apply if, after analysing this application for the type of license outlined on page 1, a second analysis was made in comparison with the other type of license.

PLEASE INDICATE YOUR METHOD OF PAYMENT:

Cheque Credit Card

If you choose to pay by credit card, the Service de l'admission will contact you by email after receiving your documents to process the payment.

Solemn affirmation and declaration

I certify that the statements in my application are true and I authorize their verification.

Signature required

Date

Important

- To allow the set-up of your file and obtain your personal number, it is required to provide the present appendix, the request form, and the payment for the file analysis and set-up. Your number will be sent to you by email (at the address indicated in the form). Thereafter, you can transmit the other elements as they become available by indicating your personal number on your mailed items (mandatory).
- All of the elements required to constitute your file need to be received before the analysis of your file can begin. As of then, a notice informing you that your file is complete will be sent to you by email.

Identification

FAMILY/LAST NAME AT BIRTH:	FIRST NAME:
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List of elements to be provided with the application:

Elements to be provided	Included	Not Included →	Reason (required)
1. Request form for equivalency in physiotherapy , duly completed;	=	=	
2. Comparative Evaluation for Studies Done Outside Quebec (upon request by the Quebec Ministry of Immigration, diversity and inclusion (Ministère de l'Immigration, de la diversité et de l'inclusion du Québec);	=	=	
3. Up-to-date curriculum vitae ;	=	=	
4. Analysis form of the successfully completed courses received , duly completed;	=	=	
5. Certified copy of the diplomas in support of the application;	=	=	
6. Certified transcript of grades in support of the application;	=	=	
7. Institutional descriptions of courses of the university program completed with respect to the practice of the profession (physiotherapist or physical rehabilitation therapist depending on the license desired);	=	=	
8. Certified copy of the work license , if applicable;	=	=	
9. Work certificates with respect to the profession;	=	=	
10. Work experience form duly completed, depending on the license desired (physiotherapist or physical rehabilitation therapist);	=	=	
11. Proof of registration, passing or failure of the Physiotherapy Competency Exam of the Canadian Alliance of Physiotherapy Regulators (CAPR) or any other exam related to obtaining entry to practice in a Canadian province or territory (Only applicable if you initiated a process to become a physiotherapist in another province);	=	=	
12. Certificate of participation for continuing education activities or development activities with respect to the practice of the profession (optional, but recommended);	=	=	
13. Descriptions of training and development courses completed with respect to the practice of the profession (optional, but recommended);	=	=	
14. Proof of knowledge of the French language ;	=	=	
15. Proof of payment of fee for opening and examining the application	=	=	