

**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)

**SPECIAL AUTHORIZATION 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 issuance of special authorizations to persons who are legally authorized to practice the profession outside Québec.

This information will also be used to establish that you meet the conditions for a special authorization and to determine the conditions applicable to the said special authorization.

Failure to provide the information requested will result in the refusal to issue the special authorization requested.

You may contact the admissions Department ([admission@oppq.qc.ca](mailto:admission@oppq.qc.ca)) at any time to obtain a copy of the form submitted or to rectify any information it contains.

## GENERAL INFORMATION

Pursuant to the *Professional Code of Québec*, no person shall in any way whatsoever use the title<sup>1</sup> physiotherapist or physiotherapy technologist or engage in a professional activity reserved<sup>2</sup> for members of the Ordre professionnel de la physiothérapie du Québec. The member in good standing of a professional order located outside of Québec can neither use the title nor engage in the reserved activities.

To be able to use the title of physiotherapist or physiotherapy technologist and/or to have the right to practise this profession in Québec, a person legally authorized to practise the profession outside of Québec must receive a special authorization from the OPPQ.

Indeed, section 42.4 of the *Professional Code* provides that a special authorization for a maximum period of 12 months (renewable) may, under certain conditions, be issued to a physiotherapist or physiotherapy technologist legally authorized to practise the profession outside of Québec, allowing him or her to use a reserved title or engage in reserved professional activities.

## WHAT ARE THE ACTIVITIES THAT REQUIRE A SPECIAL AUTHORIZATION?

A special authorization is required whenever the professional activities contemplated in the province of Québec involve working with one or more persons with disabilities or incapacities (hereinafter referred to as “clients”). For example, persons in one of the following situations must obtain a special authorization from the OPPQ to be able to perform the activities indicated:

- Persons wishing to offer treatments to an identified client or group of clients located in Québec;
- Instructors, teachers, supervisors, participants or students in training involving interventions with clients;
- Persons wishing to pursue treatments via telerehabilitation for their clients in Québec.

## USE OF RESERVED TITLES, ABBREVIATIONS AND INITIALS

Exception: In the case of one-off services provided in the limited context of a specific activity, such as a conference or symposium that does not involve intervening with clients, the OPPQ does not object to the person identifying him or herself as a physiotherapist without having applied to the OPPQ for a special authorization, provided that the accreditation body of origin is clearly identified and that the person is legally authorized by that body to practise the profession. For example, Ms. Helen Beauchamp, member in good standing of the College of Physiotherapists of Ontario, could use “H. Beauchamp, pht (Ontario)” or “H. Beauchamp, P.T. (Ontario)”.

## TO OBTAIN A SPECIAL AUTHORIZATION

Fill out the Application for special authorization form (following pages) and send it to the OPPQ’s Admissions Department at least one (1) month prior to the activity, i.e., the start of professional practice or the date of training, or the expiry date of your current special authorization in the case of a renewal application.

The decision is made by the President of the OPPQ to whom the Board of Directors delegates the power to review or renew a special authorization.

<sup>1</sup> Reserved titles: **In French:** “physiothérapeute”, “pht”, “T. phys.”, “technologue en physiothérapie”. **In English:** “Physiotherapist”, “Physical Therapist”, “P.T.”, “physiotherapy technologist”, “Phys. T.”.

<sup>2</sup> The list of Professional activities reserved for members of the OPPQ is provided on the website of the OPPQ (<https://oppq.qc.ca/en/protecting-the-public/illegal-practices/>).

### A. GENERAL INFORMATION

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
DAY/MONTH/YEAR

Sex: ☐ Male ☐ Female ☐ Non-binary

Address: \_\_\_\_\_  
HOME N°, STREET, APP.

Phone: \_\_\_\_\_  
HOME OTHER-DAY

\_\_\_\_\_  
CITY PROVINCE/STATE

\_\_\_\_\_  
COUNTRY POSTAL/ZIP CODE

Language (s) mastered: ☐ English ☐ French ☐ Other (s)

Specify: \_\_\_\_\_

Email: \_\_\_\_\_

### B. PROFESSIONAL QUALIFICATIONS IN PHYSIOTHERAPY

Are you **currently** a member of a professional order or regulatory body in Québec, Canada or elsewhere?

Name of the professional order or physiotherapy regulatory body of which  
you are **currently** a member: \_\_\_\_\_

Year since which you are a mem-  
ber of this order or body: \_\_\_\_\_

DAY/MONTH/YEAR

Permit number : \_\_\_\_\_

Expiry date : \_\_\_\_\_

DAY/MONTH/YEAR

**Please provide a certificate issued by the professional order or regulatory body of which you are a member.** The document provided must certify that you are a member in good standing of the order or body and that you are not the object of a decision or procedure that suspends or limits your right to practice. Your license category must be specified (full member, inactive member, etc.). Please note that this certificate cannot be replaced by another document (permit copy, etc.).

**REQUEST FOR SPECIAL AUTHORIZATION  
FOR THE PURPOSE OF USING A RESERVED TITLE OR ENGAGING  
IN A RESERVED PROFESSIONAL ACTIVITY**

Have you been in the past a member in good standing of another professional order or regulatory body in Québec, Canada or elsewhere?

Name of the professional order or regulatory body of which you have  
**already been** a member: \_\_\_\_\_

Permit number : \_\_\_\_\_

Period during which you were a member : From \_\_\_\_\_ To \_\_\_\_\_  
DAY/MONTH/YEAR DAY/MONTH/YEAR

**C. PROFESSIONAL LIABILITY INSURANCE**

Any person benefiting from a special authorization is required to take out professional liability insurance that meets the requirements in effect in Québec. Please choose one of the following options:

- ☐ **Include** an official confirmation from your insurer specifying explicitly that your professional liability insurance covers the practice of professional activities described herein on the territory of Québec and provides a minimum coverage of \$3,000,000.
- OR**
- ☐ An amount of **\$65.40** (including taxes) will be added to the calculation of the fees due on page 5. This amount represents the cost of contracting from our insurer Beneva for term professional liability insurance covering the professional activities described herein during the period in question.

**D. MANDATORY DISCLOSURE OF ALL DISCIPLINARY OR JUDICIAL DECISIONS**

Have you ever been convicted of a disciplinary, judicial offence by a Canadian or foreign court? If you were granted a pardon pursuant to the Criminal Records Act (R.S.C. 1985, c-47), please reply no.

Yes ☐  
No ☐

**E. JUDICIAL OFFENCE PUNISHABLE**

Are you currently the subject for an judicial offence punishable by a term of imprisonment of five years or more ?

Yes ☐  
No ☐

## F. DURATION AND REASON FOR THE APPLICATION

Special authorization duration (desired): : \_\_\_\_\_  
*MAXIMUM DURATION 12 MONTHS*

Starting date: \_\_\_\_\_  
*DAY/MONTH/YEAR*

Ending date: \_\_\_\_\_  
*DAY/MONTH/YEAR*

Reason for the application: ☐ Clinician ☐ Teacher ☐ Instructor ☐ Telerehabilitation  
☐ Consultant ☐ Student/Participant as a part of learning

Other reason(s) – Specify \_\_\_\_\_

Person (or group of persons) for whom you will practice : \_\_\_\_\_

Organization (or institution, etc.) where you will practice : \_\_\_\_\_  
(provide the complete address)

Frequency and nature of the foreseeable professional activities (include details on the activities involving professional interventions with clients)

\_\_\_\_\_

Will you use spinal or joint manipulations techniques? Yes ☐

No ☐

Will you use a needles below the dermis or acupuncture? Yes ☐

No ☐

## G. ADDITIONAL TRAINING AND WORK EXPERIENCE IN PHYSIOTHERAPY

☐ Please include with your application a shortened version of your resume.

## H. DECLARATION

I undersigned declare that the information I have provided on this form as well as the appended documents is accurate and true.

SIGNATURE: **X** \_\_\_\_\_

DATE: \_\_\_\_\_  
DAY/MONTH/YEAR

LOCATION: \_\_\_\_\_  
CITY, PROVINCE

## I. FEE SCHEDULE AND PAYMENT PROCEDURE

### Duration of the special authorization and fees

Desired duration	Amount (before taxes)	Amount (including taxes)
1 month or less	\$ 125,00	\$ 143,72
2 month	\$ 150,00	\$ 172,46
3 month	\$ 200,00	\$ 229,95
4 month	\$ 250,00	\$ 287,44
5 month	\$ 300,00	\$ 344,93
6 month	\$ 350,00	\$ 402,41
7 month	\$ 400,00	\$ 459,90
8 month	\$ 450,00	\$ 517,39
9 month	\$ 500,00	\$ 574,88
10 month	\$ 550,00	\$ 632,36
11 month	\$ 600,00	\$ 689,85
12 month (maximum)	\$ 650,00	\$ 747,34

### Payment procedure

An invoice as well as the procedure for applying the payment will be sent to the email address provided in section A « General information ».

ACCEPTED

RESERVED AT THE REGIS-  
TRAR OF THE ORDER

\*Applicable taxes: GST: R 106 986 458 (5%) and QST 1 006 163 391 (9,5%)

## J. TRANSMISSION

Address: **Registrar of the OPPQ**  
7151, Jean-Talon Street, East, suite 700  
Montreal, (Quebec) H1M 3N8

Phone: 514 351-2770  
Facsimile: 514 351-2658

Free: 1 800 361-2001  
Email: admission@oppq.qc.ca

# **Professional activities reserved to OPPQ members**

(Extracted from the *Professional Code* (R.S.Q., c. C-26))

**37.** Every member of one of the following professional orders may engage in the following professional activities in addition to those otherwise allowed him by law:

[...]

(n) the *Ordre professionnel de la physiothérapie du Québec*: assess physical function limitations and disabilities related to the neurological, musculoskeletal and cardiopulmonary systems, determine a treatment plan and apply treatment in order to obtain optimal functional performance;

[...]

**37.1.** Every member of one of the following professional orders may engage in the following professional activities, which are reserved to such members within the scope of the activities they may engage in under section 37:

[...]

(3) the *Ordre professionnel de la physiothérapie du Québec*:

(a) assess neuromusculoskeletal function in a person having a physical function limitation or disability;

(b) make a functional assessment of a person where required under an Act;

(c) introduce an instrument or a finger in the human body beyond the labia majora or anal margin;

(d) introduce an instrument in the human body in and beyond the pharynx or the nasal vestibule;

(e) use invasive forms of energy;

(f) provide treatment for wounds;

(g) make decisions as to the use of restraint measures;

(h) insert needles under the dermis to reduce inflammation, as a supplemental means, provided a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph o of section 94; and

(i) perform spinal and joint manipulations, provided a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph o of section 94;

**37.2.** A person shall not in any manner engage in a professional activity reserved under section 37.1 to members of a professional order, claim to have the right to do so or act in such a way as to lead to the belief that the person is authorized to do so, unless the person holds a valid, appropriate permit and is entered on the roll of the order empowered to issue the permit, except if it is allowed by law.