



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)

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) at any time to obtain a copy of the form submitted or to rectify any information it contains.

INFORMATION INTENDED FOR PHYSICAL THERAPISTS AND PHYSIOTHERAPY TECHNOLOGISTS LEGALLY AUTHORIZED TO PRACTICE OUTSIDE QUÉBEC

- Individuals participating as instructors, teachers, students or attendants, in the context of continuing education on the territory of Québec.
- Individuals acting as consultants.
- Individuals seeking telerehabilitation treatments for their patients located in Québec

WHY IS A SPECIAL AUTHORIZATION REQUIRED?

The professional code of Québec specifies that the titles of physical therapist or physiotherapy technologists are reserved to members of the *Ordre professionnel de la physiothérapie du Québec, OPPQ*. In addition these members have reserved activities and are the only ones allowed to practice them in Québec.

This code is a reminder the mission of the Order that is the protection of the public. The Order must ensure that all physical therapists and physiotherapy technologists practicing in Québec abide to the Professional code, whether it is while practicing, teaching, or attending a continuing education activity, etc.

Thus, a person legally authorized to practice the profession outside of Québec, must obtain a special authorization from the OPPQ to teach any reserved professional activities, or to attend any educational activity.

The article 42.4 of the professional code allows for a special authorization of a maximum duration of 12 months, renewable, under certain conditions to be issued to a person legally authorized to practice the profession outside of Québec, to use a reserved title or practice reserved activities.

WHEN SHOULD A SPECIAL AUTHORIZATION BE REQUESTED?

A special authorization is required when a course includes the practice of a professional activity reserved to members of the OPPQ, thus when a course involves clinical practice, or demonstration whether on clients or on the course participants. Any instructor or participant who is not a current member of the OPPQ must request a special authorization.

Exception: In the context where a course does not include performing the reserved activity by the instructor or the participants, the OPPQ does not object to the instructor identifying themselves as a physical therapist or a physiotherapy technologist, on the condition that the regulatory body of which he is a member is also identified. Example, Jane Smith, PT (Ontario).

WHAT IS THE PROCEDURE FOR OBTAINING A SPECIAL AUTHORIZATION?

Please fill out the Special Authorization Application Form (following pages) and send it to the Registrar of the OPPQ a minimum of 1 month prior to the date of the activity. The decision is made by the President of the OPPQ, to whom the boards of directors delegated the power to issue and renew special authorizations.

¹**Reserved titles:** In English: "Physiotherapist", "Physical Therapist", "physiotherapy technologist". In French: "physiothérapeute", "technologue en physiothérapie" **Acronyms:** "pht", "P.T." and "T. phys." "Phys. T."

²The list of [Professional Activities that are reserved for members of the OPPQ](#) is available on the OPPQ's website (www.oppq.qc.ca, "Special authorization" page in the "Become a member" section).

A. GENERAL INFORMATION

Mrs. Mr. Surname: _____ Name: _____ Date of birth: _____
DAY/MONTH/YEAR

Address: _____ Phone: _____
HOME N^o, STREET, APP. HOME OTHER-DAY

_____ *CITY* _____ *PROVINCE/STATE*

_____ *COUNTRY* _____ *POSTAL/ZIP CODE*

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

Specify: _____

Email: _____

B. PROFESSIONAL QUALIFICATIONS IN PHYSIOTHERAPY

You are **currently** a member in good standing 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 member 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.).

If you have been in a 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): : _____ Starting date: _____ Ending date: _____
MAXIMUM ALLOWABLE DURATION 12 MONTH DAY/MONTH/YEAR DAY/MONTH/YEAR

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

Other reason(s) – Specify _____

Person (or group of persons) for whom who practice : _____

Organization (or institution, etc.) where you practice : _____

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

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 for an in-person activity in Québec

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

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

Duration of the special authorization for a telerehabilitation activity

Duration	Amount (before taxes)	Amount (taxes included)
Less than 6 months	\$ 140.00	\$ 160.96
6 to 12 months (maximum duration)	\$ 225.00	\$ 258.69

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

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) Les Publications du Québec, updated to 1 September 2014 [online]

http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=%2F%2FC_26%2FC26_A.htm

(Page consulted on September 23, 2014)

“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; [...]"

*Certification required