

COLLEGE OF PODIATRISTS OF MANITOBA APPLICATION FORM For International and New Podiatry Graduate Applicants

An application for registration/licensure with the College of Podiatrists of Manitoba (COPOM) will not begin processing until the application, supporting documentation and the application fee is received.

Note:

- COPOM provides verification of registration requests after three months of Manitoba practice
- Non practicing registration is only available to current members

Application Requirements: (please read carefully before you apply)

Fees: Must be in Canadian Funds and sent by etransfer or by cheque

- **Application Fee:** \$300 must be received before application is reviewed
- **Credential Assessment Fee** must be received before application is reviewed
- **Annual Dues:** \$1850 prorated and paid upon confirmation of registration approval

Liability Insurance: COPOM members are required to maintain professional liability insurance; the minimum required is \$2,000,000 Per claim/\$2,000,000 Aggregate. Contact the Manitoba Podiatry Association for details.

CPR & First Aid Training: CPR (annual recertification) and First Aid (every three years)

Original Podiatry Transcripts: must be sent directly by the educational institution to COPOM by mail or email. Applicants must have a degree from an accredited podiatric program (page 6)

PHIA Course: The Personal Health Information Act (PHIA) Online Training Program: all new applicants are required to complete the PHIA online training course for health professionals within six months of the date of registration and show proof of completion (certificate)

Disciplinary Findings: Information from employers regarding suspensions still in effect, cancellations of a registration or a finding made by an Inquiry panel may be requested by the registrar

Timeframe for the application process:

Applicants will be emailed to inform them when their application has been received. The timeframe for the Registrar to review completed applications, confirm and validate references and degree status takes between 4-6 weeks. Applications that are incomplete, delayed criminal records checks or references that take longer to confirm will delay the process.

New Graduates:

New graduates who have not yet had their degree formally conferred may send their completed application form and supporting documentation providing that a letter from the Dean accompanies the application certifying that the candidate has successfully completed said podiatry program. However, registration will not be granted until degree transcripts have been received directly from the program.

Successful Applicants:

Successful applicants have 12 months from the date their application is approved to register with COPOM. Once this time has lapsed, if they have not yet registered, they will need to re-apply as a new applicant. Applicants **MAY NOT** commence practice as podiatrists until they have met all of the eligibility requirements and the Registrar has issued a registration number.

To maintain a certificate of practice for podiatry in Manitoba members are required to comply with all sections of the *Podiatry Act*, Chapter 36, the *Bylaws* and the *Continuing Professional Development Policy* (www.copom.org)

Date of Application: _____

1) Application Form for registration with the College of Podiatrists of Manitoba

Note: Verification of registration requests are provided after three months of Manitoba practice and member must have practiced in Manitoba.

PERSONAL INFORMATION:

Name: _____ Date of Birth: (D) ____ (M) ____ (Y) ____

Nationality: _____ Place of Birth: _____

Email: _____

Phone: _____

Current Home Address: _____

Current Practice Address: _____

*Manitoba Residential Address: _____

Manitoba Practice Address: _____

***Residential address must be provided within 8 weeks of registration
Members must inform COPOM of any changes to contact and/or practice information**

Educational and Professional Information:

2) Education:

A. Podiatry Education:

Name of Institution: _____

Date of Graduation: _____ Degree: _____

Name of Dean: _____ Email: _____

B. Graduate Education:

Name of Institution: _____

Date of Graduation: _____ Degree: _____

C. Residency/Fellowship Training:

Name of Institution: _____

Training Program: _____ Dates: _____

Other: _____

D. Undergraduate Education:

Name of Institution: _____

Date of Graduation: _____ Degree: _____

3) Previous and Current Employment:

Please include the following information: (attach a separate page if necessary)

1. Employee/self employed status for each place of employment for the last 7 years
2. Address(s) for above
3. If an employee, please include employer's name and address

Employer or private practice	Address	Start Date	Finish Date

4) Other Podiatry Licenses (if applicable):

List all locations where you have held a podiatry license:

Location	Registration Number	Date of Registration	Expiry

5) Professional References (3 Required)

Must be sent directly by the referee by EMAIL to the COPOM Registrar copomregistrar@gmail.com

Reference #1 Name: _____ Relationship: _____

Reference #2 Name: _____ Relationship: _____

Reference #3 Name: _____ Relationship: _____

6) Manitoba Podiatry Employment/Practice Details:

Name of Employer: _____ Proposed Start Date: _____

Address: _____

Do you have a Manitoba employment contract in place? YES ☐ NO ☐

If no, please provide more information:

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7) Previous History and Conduct:

The following questions relate to any/all proceedings against you. These questions must be answered “YES” OR “NO”.

Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad which has not previously been reported to the Board in writing? Yes ☐ No ☐

Have you ever been denied registration by a regulatory body? Yes ☐ No ☐

Has there ever been a finding made against you by a court or a tribunal in Canada or abroad in a civil, criminal or regulatory proceeding in respect to your professional conduct, competence or capacity, including professional Negligence or malpractice, which has not previously been reported to the Board in writing? Yes ☐ No ☐

Are there any outstanding or pending civil or criminal proceedings against you in Canada or abroad which have not previously been reported to the Board in writing? Yes ☐ No ☐

Are there any outstanding complaints, investigations or inquiries regarding your conduct, competence or capacity under review by any regulatory body in Canada or abroad which have not previously been reported to the Board in writing? Yes ☐ No ☐

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Canada or abroad which have not previously been reported to the Board in writing? Yes ☐ No ☐

Have you ever agreed to a settlement to avoid any criminal, civil or regulatory proceeding or disciplinary action in respect to your professional conduct, competence or capacity including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes ☐ No ☐

Has there ever been a complaint against you lodged with another regulatory body that has resulted in a caution, undertaking or remediation which has not previously been reported to the Board in writing? Yes ☐ No ☐

Have you ever had any terms, conditions or limitations imposed on a certificate of registration or license issued by a regulatory body which have not previously been reported to the Board in writing? Yes ☐ No ☐

Do you have a physical or mental condition, disorder or addiction to alcohol or drugs that may compromise your ability to practice? Yes ☐ No ☐

Have you previously pled guilty or have been convicted of an offence under the Criminal Code of Canada or any narcotic or controlled substances legislation? Yes ☐ No ☐

***If you answered “Yes” to any of the above questions, please provide detail in your application and the College will contact you. Providing false or misleading information is professional misconduct and may result in the denial of registration or the loss of registration.**

8) Application Requirement Checklist-Please Use Check Boxes:

☐ Fees: Canadian Funds

1. Application Fee: \$300

2. Credential Assessment Fee: \$200

Total \$500

Payable by cheque to *College of Podiatrists of Manitoba* or e-transfer to copompayments@gmail.com

☐ Application form completed in full

☐ Podiatry degree is from accredited program. Original transcripts conferring podiatry degree must be mailed or emailed directly from Podiatry College (pg. 6 for list of accredited programs).

☐ Copy of degree is included with application or will be provided once conferred

☐ The name and email of the Dean that conferred the degree (pg.2)

☐ A government issued photograph of the applicant within the last 12-months (passport, driver's license etc.)

☐ Three professional references to be submitted directly from referees by email to the Registrar

☐ Written verification by the original jurisdiction, and by every other jurisdiction, where the applicant is, or has been, registered during the last 7 years, confirming that the applicant was in good standing

☐ Proof of currency in: (copies acceptable and emailed with application)

- Continuing Professional Development Documentation. Please attach one PDF of documentation (workshops, certificates) Do **NOT** send multiple attachments
- CPR & First Aid Include with application.

☐ Original criminal record check from local police/constabulary mailed by regular mail

☐ **Personal Health Information Act (PHIA) Online Training Program**: new members must complete the PHIA Online Training Course for Health Professionals within six months of the date of registration and show proof of successful completion with the associated certificate

I agree to complete the PHIA Online Training Program within six months of my registration and will submit proof of completion of the Program to the COPOM (certificate) _____ (initial)

Declaration:

By signing this application form, I state that, the information I provided on this application and any attached documents is true, correct and complete. I agree to practice according to the Podiatry Act and any regulations enacted pursuant thereto, the Regulations, Standards of Practice and Code of Ethical Conduct of the College of Podiatrists of Manitoba

Signature _____ Date _____, 20____

Send completed application by email only. Only the criminal record check is to be mailed.

The Registrar
College of Podiatrists of Manitoba
copomregistrar@gmail.com

Accredited Podiatric Programs

Educational Institution	Applicable Program Dates
Canada	
The Michener Institute of Applied Health Sciences, Ontario	
Université du Québec à Trois-Rivières, Quebec	
Australia	
Bachelor of Podiatry Program	
Queensland University of Technology. Brisbane, Queensland	
La Trobe University. Melbourne, Victoria	2007 & onwards
University of Newcastle, New South Wales	2007-2010
Charles Sturt University	2009-2012
South Africa	
The University of Johannesburg (formerly the Technikon Witwatersrand School of Health Technology) Johannesburg	
United Kingdom	
Birmingham Metropolitan College (School of Podiatric Medicine) West Midlands	
Chelsea School of Chiropody (University of Westminster) London	Prior to 1998
New College Durham (School of Podiatric Medicine (Durham))	
University of Huddersfield, Huddersfield	
London Foot Hospital and School of Podiatric Medicine, London	Prior to 2003
Northampton School of Podiatry, Northampton	
University of East London, BSC Honours Podiatric Medicine Program	2013-2016
Plymouth School of Podiatry, Plymouth	
The University of Salford, Lancashire	
University of Brighton, Brighton	
University of Southampton, Southampton	
West Midlands School of Podiatry, West Midlands	Prior to 2001
Glasgow Caledonian University, Glasgow, Lanarkshire	
Queen Margaret University (formerly Queen Margaret University and College/Edinburgh School of Podiatry, Musselburgh)	
Cardiff Metropolitan University (formerly University of Wales Institute) Cardiff	
The Queens University of Belfast, Belfast	
USA (DPM Programs)	
Barry University School of Podiatric Medicine, Miami, Florida	
California School of Podiatric Medicine at Samuel Merritt University, Oakland, CA	
Des Moines University College of Podiatric Medicine and Surgery, Des Moines, Iowa	
Kent State University College of Podiatric Medicine (formerly Ohio College of Podiatric Medicine) Independence, Ohio	
Midwestern University Arizona School of Podiatric Medicine, Glendale, AZ	
New York College of Podiatric Medicine, New York, NY	
Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin	
University of Medicine and Science, North Chicago, Illinois	
Temple University School of Podiatric Medicine, Philadelphia, PA	
Western University of Health Sciences College of Podiatric Medicine, Pomona, CA	