



Canadian Free Trade Agreement Application to practice as a podiatrist in Manitoba

FOR PODIATRISTS CURRENTLY REGISTERED WITH A CANADIAN PODIATRY BOARD

General Information (please read carefully before you apply)

- 1) **Application Fee:** \$300 paid by e-transfer or cheque
Annual Dues: \$1850 prorated to the registration month. Amount confirmed after registration is approved.
- 2) **Liability Insurance:** COPOM members are required to maintain professional liability insurance; the minimum required is \$2,000,000 Per claim/\$2,000,000 Aggregate. Please contact the Manitoba Podiatry Association for details.
- 3) CPR on an annual basis and First Aid re-certification every three years
- 4) An application for registration/licensure with the College of Podiatrists of Manitoba (COPOM) will not begin processing until the application and all supporting documents are received.
- 5) Verification of registration requests are provided after three months of Manitoba practice.
- 6) 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 successful completion.
- 7) 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.
- 8) 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)

Timeframe for the application process:

The timeframe for the application process commences from the date the Registrar receives all of the required information from the candidate, (see checklist on pg.4) We will email to confirm receipt of application.

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.

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

Personal Information:

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

Email: _____

Phone: Personal: _____ Practice: _____

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

Professional Information:

2) Previous and Current Registration Information:

Please complete the following information based on the last 7 years (attach separate page if necessary)

Practice Location	Address	Start Date	Finish Date

Podiatry Registration	Registration Number	Registration Date	Expiry Date

3) Professional References (two) sent by referee by email to the registrar copomregistrar@gmail.com

Reference #1 Name: _____ Relationship: _____

Reference #2 Name: _____ Relationship: _____

4) Personal Health Information Act (PHIA) Online Training Program:

All new members are required to 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 <https://www.gov.mb.ca/health/phia/training.html>

☐ 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)

Signed: _____ Date: _____

5) 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.**

6) Application Requirement Checklist-Please Use Checkboxes:

1. ☐ Application Fee \$300 (non-refundable)
Payment Options: etransfer: to copompayments@gmail.com
Cheque: *College of Podiatrists of Manitoba*
2. ☐ Application form completed in full
3. ☐ Two professional references sent directly by the referee to the registrar
4. ☐ 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
5. ☐ Proof of currency in: (Sent in one emailed document not multiple attachments)
 - Continuing Professional Development
 - CPR & First Aid
6. ☐ Mailed Original criminal record check from local police/RCMP detachment (sealed)

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