

INFORMATION INTENDED FOR PHYSICAL THERAPISTS AND PHYSICAL REHABILITATION THERAPISTS 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 interacting with patients.

WHY IS A SPECIAL AUTHORIZATION REQUIRED?

The professional code of Québec specifies that the titles of physical therapist or physical rehabilitation therapist 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 physical rehabilitation therapists 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 physical rehabilitation therapist, 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:** **English:** "Physiotherapist", "Physical Therapist", "Physical Rehabilitation Therapist", "Physical Rehabilitation Technician". **French:** "physiothérapeute", "thérapeute en réadaptation physique", "thérapeute en physiothérapie", "technicien en réadaptation physique", "technicienne en réadaptation physique", "technicien en physiothérapie", "technicienne en physiothérapie". **Abbreviations:** "pht", "T.R.P.", "P.T.", "P.R.T."

²The list of [Professional Activities reserved to OPPQ members](http://www.oppq.qc.ca) is available on the OPPQ's website (www.oppq.qc.ca, section "Devenir membre", page "Obtenir une autorisation spéciale").

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: _____ Permit number : _____ Expiry date : _____
DAY/MONTH/YEAR 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

Include a cheque payable to OPPQ or credit card payment authorization in the amount of \$65,40 (taxes included) covering the cost of temporary professional liability insurance from our insurer (The Capitale General Insurance) covering the activities described herein during the relevant period.

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 Intervening with patients
 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. ADMINISTRATIVE FEES AND REQUIRED DOCUMENTS

Administrative fees

Please include a cheque payable to OPPQ in the appropriate amount, depending on the desired duration for the special authorization. **Remember to include the amount in Section C on page 3, if you choose to join the temporary professional insurance OPPQ option.**

Desired during	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%)*

Payment method

Payment with cheque payable to OPPQ

Payment with credit card

Visa

Mastercard

Card number: _____

Expiration date: _____

MONTH/YEAR

Amount: _____ \$

Signature: **X** _____

I. TRANSMISSION

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

Phone: 514 351-2770 ext. 243
Facsimile: 514 351-2658

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

SIGNATURE: **X** _____

DATE: _____

DAY/MONTH/YEAR

ACCEPTED

RESERVED AT THE REGIS-
TRAR OF THE ORDER

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