



**APPLICATION TO PRACTICE AS A PODIATRIST IN MANITOBA
FOR APPLICANTS APPLYING OUTSIDE OF CANADA**

General Information:

- 1) An application for registration/licensure with the College of Podiatrists of Manitoba (COPOM) will not be processed unless this form is fully complete, and has been notarized/certified. Incomplete applications to the College will delay the application process.
- 2) When completing your application refer to the 'Protocol for Applicants' and the 'Application Requirement Checklist' list to ensure all application requirements are met before sending your application to the registrar.
- 3) Additional information regarding Podiatry in Manitoba can be obtained by visiting COPOM's website at: www.copom.org
- 4) Information about potential employers regarding suspensions that may still in effect, cancellations of a registration or a finding made by a panel of the Inquiry Committee may be requested from the Registrar.
- 5) To maintain a license to practice 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* (these documents can be downloaded from the COPOM website)
- 6) COPOM members are required to maintain professional liability insurance and currency in CPR on an annual basis as per the *Practice Standards*.

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 Page 2.)

Candidates who are new graduates may send their completed application form, together with the required information and the date they passed their final exams, providing that a letter from the Dean accompanies the application; certifying that said candidate has successfully completed the podiatry course at that school. This will enable the application process to begin. BUT: the application process will not be completed until the registrar receives a certified copy of the candidate's degree from said school.

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 license number.

Protocol for Applicants:

All enquiries and correspondence for application to the College of Podiatrists of Manitoba (COPOM) must be addressed to the Registrar for the College; failure to do so will delay the application process.

All written correspondence between COPOM and the applicant/the applicant and the COPOM, pertaining to the application, must be sent by registered mail or courier.

The applicant must provide a contact telephone number and current address.

Application Requirement Checklist:

- i) The correct fee for application. (\$150.00 non-refundable, in Canadian funds).
- ii) A copy of the degree received from a podiatry school recognized by the COPOM.
- iii) The name, address, and telephone number of the Dean and Faculty that provided the degree. (The COPOM's Registrar will contact the Dean to confirm successful completion of said degree course).
- iv) A notarized/certified photograph of the applicant taken within the last 12 months, no larger than 3 ½ X 5 inches.
- v) Current Professional references: minimum of 2, one of which must be from within the podiatry profession. ('current' meaning within the last 6 - 24 months).
- vi) References of good moral character: minimum of 2.
- vii) 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.
- viii) Proof of meeting requirements for Continuing Professional Development
- ix) Proof of meeting requirements CPR and First Aid training.
- x) Proof of a criminal record check.

Send completed application to:

**The Registrar
College of Podiatrists of Manitoba
512-428 Portage Ave
Winnipeg, MB Canada
R3C 0E2**

COPOM APPLICATION FORM

I am applying for registration/licensure with the College of Podiatrists of Manitoba (COPOM), and in support thereof submit the following information:
(PLEASE TYPE OR PRINT)

1) PERSONAL INFORMATION: _____ Date: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

HOME TEL #: _____ WORK TEL #: _____

FAX: _____ EMAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NATIONALITY: _____

IMMIGRATION STATUS: (if not a Canadian citizen): Check one of the following:

Work Permit Landed Immigrant Other: (give details)

2) EDUCATION:

a) Undergraduate Education:

Name of Institution:

Date of Graduation:

Degree:

b) Podiatry Education:

Name of Institution:

Date of Graduation:

Degree:

Name of Dean of College:

Address and telephone number of Dean of College:

c) Graduate Education:

Name of Institution:

Date of Graduation:

Degree:

d) Residency/Fellowship Training:

Name of Institution:

Training Program:

Dates:

Name of Institution:

Training Program:

Dates:

Name of Institution:

Training Program:

Dates:

3) PREVIOUS AND CURRENT EMPLOYMENT:

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

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

Employment Status (Employee/Self-Employed)	Employment Address	Start Date	Finish Date

4) OTHER PODIATRY LICENSES:

List all Provinces/States/Countries where you have held a license to practice podiatry:

Location	License Number	Date of Licensure	Date of Expiry

Association Memberships:

List all Professional Associations in which you have been actively involved:

Association	City	Province	Current member Yes/No

5) PREVIOUS HISTORY AND CONDUCT: (Please circle)

- | | | |
|---|-----|----|
| i) Have you ever had an application for podiatry rejected? | YES | NO |
| ii) Have you ever had your podiatry license suspended or revoked? | YES | NO |
| iii) Have you ever had your prescription privileges suspended or revoked? | YES | NO |
| iii) Have you ever had your hospital privileges suspended or revoked? | YES | NO |
| iv) Have you ever been convicted of an offence? | YES | NO |
| v) Do you suffer from a physical or mental condition, disorder, or addiction to alcohol or drugs that makes it desirable in the public interest that you not practice podiatry. | YES | NO |

NOTE: If you have answered “YES” to any of these questions, provide written details on a separate page.

6) DISCLOSURE OF INFORMATION:

Disclose the following information with regard to you and your practice of podiatry or any other profession, whether in Manitoba or another jurisdiction: (provide written details on a separate page):

- a) a finding by a professional regulatory body of professional misconduct, conduct unbecoming, incompetence, an incapacity or lack of fitness to practice, or any similar finding;
- b) a current proceeding by a professional regulatory body in relation to professional misconduct, conduct unbecoming, an incapacity or lack of fitness to practice, or any similar current proceeding;
- c) a denial of registration by a professional regulatory body; including reason for denial.
- d) a conviction for an offence under the *Criminal Code (Canada)*, the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*.
- e) a criminal or penal statute of a jurisdiction outside Canada that is, or may be, relevant to your suitability to practice.

Failure to disclose information may lead to disciplinary actions or professional misconduct at a later date.

7) LANGUAGE:

- i) Is your first language English or French? YES NO
If "YES" which is it? ENGLISH FRENCH
- ii) If your first language is not English or French can you speak and write English or French with reasonable fluency? YES NO

8) EMPLOYMENT LOCATION:

a) I AM APPLYING FOR EMPLOYMENT WITH:

Name of Employer:

Name, address and telephone # of clinic:

OR:

b) I WILL BE SELF EMPLOYED AT:

Name, address and telephone # of clinic:

9) CONTINUING COMPETENCE REQUIRMENTS:

- i) CPR: I am current in CPR: YES NO
- a) Date CPR course taken:
- b) Date CPR certification expires:
- ii) Continuing Competence Requirements for current jurisdiction:
- a) Number of continuing education hours (CEU's) required:
- b) Timeframe for achieving CEU's:
- c) Number of CEU's I have acquired in said timeframe:

10) DECLARATION :

- i) I verify that the statements in this application are true and correct to the best of my knowledge, information and belief.
- ii) I understand that giving false information may result in criminal actions as per section 56(3), Chapter 36, The Podiatrists Act.
- iii) I understand that failure to submit all required information with my completed application form will result in a delay in the processing of my application.
- iv) I understand that in compliance with Federal and Provincial privacy legislation the information collected will be kept confidential, except for that information which is considered “public”.

I declare that the information on this application form, and any additional information submitted with my application to practice as a Podiatrist in Manitoba is true and correct to the best of my knowledge at date of signing

SIGNED:

WITNESS:

DATE:

(This application form MUST BE notarized/certified).

Please note that in compliance with federal and provincial privacy legislation the information collected will be kept confidential, except for that information which is considered “public”

(Updated Feb 2017)