



# COLLEGE CALLINGS

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## INSIDE

HPA overview	1
Registration changes	3
Professional conduct	6
Mandatory liability insurance	7
Ordering x-rays directly	7
Continuing competency	8
Connecting with Council	10
New/returning members	10

College Callings is published quarterly by the College of Physical Therapists of Alberta to communicate College decisions, standards, guidelines, policies, and other important matters to members.

As all members are sent a copy, the College assumes that members have read and understand the information contained within.

If you have any questions regarding the content, please contact the College office.

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## THE HEALTH PROFESSIONS ACT - OVERVIEW, UPDATE AND CHANGES

*To help members understand and get ready for Alberta's Health Professions Act (HPA) we are dedicating this issue of College Callings to examining the Act, our HPA status and most importantly what's changing and how it will affect you.*

*You may want to keep this issue as a reference guide as the College and profession transitions to the HPA.*

### PURPOSE AND PROCESS

HPA will consolidate Alberta's 28 self-regulating health professions under one piece of legislation with common rules for self-governance and the provision of safe and competent healthcare service. While each profession will continue to govern itself, we will all be governed by the same rules and requirements for governance, continuing competence and professional conduct. Colleges will also experience increased public input/representation on Council and in the professional conduct process.

The government has implemented HPA to enhance:

- **Consistency** across regulated health professions.
- **Openness and transparency** – increased public representation in College activities and in the professional conduct process, and increased public access to College records.
- **Fairness** – a clarified professional conduct process (e.g., under HPA there is a clear separation between

complaint investigations and discipline hearings).

- **Accountability** – College responsibilities are explicitly defined including annual reporting to the Minister of Health and Wellness and mandatory reporting of permit cancellations and suspensions.

The government believes HPA will make it easier to address issues affecting the professions as a whole and help Albertans better understand the regulatory environment in which health professions operate thus enhancing public confidence and trust in regulated health professions.

HPA is being implemented profession by profession. Currently, 20 health professions are regulated by HPA, the remaining 8 (including physical therapists) are expected to transition later this year.

The implementation process involves: developing draft regulations in consultation with Alberta Health and Wellness and the circulation of draft regulations to a range of stakeholders. Once the physical therapist profession is pro-

# HPA OVERVIEW AND UPDATE

...continued from page 1

*From a daily practice perspective, most physical therapists will see limited HPA-related change. There will be much more impact on the College as HPA is very procedurally oriented.*

*While the majority of member-related changes are small and not daily impacting, there are a number of them to introduce you to.*

claimed under HPA, the *Physical Therapy Profession Act* will be repealed and all our regulatory processes will convert to HPA processes many of which are outlined in this special issue.

## HPA LEGISLATION

The HPA is divided into 10 parts. Parts one to nine are common to all the health professions and detail:

1. Governance.
2. Regulations, bylaws, code of ethics and practice standards.
3. Registration.
4. Continuing competence and practice visits.
5. Professional conduct (complaints and discipline).
6. Title protection.
7. Business arrangements.
8. Other procedural matters.
9. Consequential amendments, repeals and coming into force.

Part 10 outlines profession specific details in schedules (Schedule 20 is specific to physical therapists).

## CHANGES UNDER HPA

HPA rules, requirements and processes are the same for each health profession governed by HPA.

From a day-to-day perspective most physical therapists will experience little if any HPA-related change. That said there are a few noticeable changes and the following pages outline those that represent more significant change specifically:

- **Continuing competence** – all health professions must have a mandatory continuing competence program. Program participation becomes a mandatory registration requirement (see page 8).
- **Liability insurance** – mandatory individual registration requirement (see page 7).
- **Provisional register category and practice supervision** – for practitioners who don't meet all general register requirements (see page 3).
- **Professional conduct** – changes to investigation and discipline processes including the opportunity to use alternative dispute resolution, hearings held in public unless otherwise designated and the release of discipline decisions if/when requested by the public (see page 6).

- **Public input/representation** – additional public members on Council and in the professional conduct process.

## OUR HPA STATUS

Developing HPA regulations is a considerable and complex task. Staff and Council in collaboration with Alberta Health and Wellness have worked diligently to develop our new regulations and ensure they meet the needs of Albertans as well as our profession.

Our draft regulations will be circulated shortly for stakeholder comment. Final drafting will occur once the regulation consultation is complete. The regulations must then be approved by the provincial government. Once approved the final step will be proclamation of the physical therapist profession under HPA.

We will continue to keep you informed of our HPA status and will communicate our proclamation date as soon as we know it. ■

## REGISTRATION CHANGES UNDER HPA

*HPA legislation will bring new registration terminology and processes.*

### NEW TERMINOLOGY

The following new terms and titles will be introduced under HPA:

- **Practice permit** – replaces annual certificate and is a member's 'license' to practice.
- **Regulated member** – person registered on the regulated member register.
- **Other member** – person registered on the non-regulated member register.

### MANDATORY REGISTRATION

HPA states that health professionals who intend to:

- a. provide professional services directly to the public;
- b. teach students of the profession;
- c. and/or supervise regulated members of the profession who provide professional services to the public

must be registered with their respective regulatory college.

Registration is optional for non-regulated members (see below for details) and/or individuals who do not fall into a, b or c above.

### REGISTERS

Under HPA, the College will maintain two registers, one for regulated members and one for non-regulated members. Both registers have three registration categories, the details of which are as follows:

#### 1. REGULATED MEMBER REGISTER:

##### i. General register category

- Meets all registration requirements.
- May use title physical therapist, physiotherapist and/or initials PT.
- Must renew practice permit annually.
- May or may not have conditions attached to practice permit.
- May if authorized, perform other authorized activities (see page 4).

##### ii. Provisional register category

- Does not meet all general register requirements (e.g., passed written component of physiotherapy competency exam - PCE but not yet clinical component).
- Practice only under supervision.
- Must use title physical therapist intern or physiotherapist intern.
- Registration may not exceed a two year period.

#### 3. Courtesy register category

- Applying for Alberta registration on temporary basis (up to one year) for specified purpose approved by the Registrar (e.g., course instructor or traveling with sports team).
- May use title physical therapist, physiotherapist or initials PT.
- May, if authorized, perform other authorized activities (see page 4).

Physical therapists providing professional services directly to the public, teaching or supervising as mentioned in the manda-

## TWO MAJOR CHANGES

*To registration categories*

1. The inactive category will be discontinued.
2. The creation of a provisional register for those individuals who have not yet completed the PCE.

tory registration section will be registered in one of these three categories.

#### 2. NON-REGULATED MEMBER REGISTER

Registration is voluntary for the following:

1. **Physical therapist support personnel** - eligibility criteria established by Council.
2. **Student members** - enrolled in an education program approved by Council.
3. **Alumni members** - formerly a regulated member in good standing in Alberta (replaces College's retired member category).

Non-regulated members may attend meetings of the College, receive College publications and serve on College committees as non-voting members.

### REGISTRATION REQUIREMENTS

Members and new applicants will experience no major changes to registration requirements or process except one—**liability insurance** which becomes a mandatory registration requirement for all regulated members under HPA.

- **Education - no change**  
Applicants must have a degree that enables them to take the PCE. For Canadian-educated applicants

...continued on page 4

## REGISTRATION CHANGES

...continued from page 3

this means a degree from a physiotherapy program accredited by the Accreditation Council of Canadian Physiotherapy Academic Programs.

The Canadian Alliance of Physiotherapy Regulators (the Alliance) will continue to assess internationally-educated applicant's credentials and qualifications.

- **Examination - no change**

Applicants must successfully complete the PCE. Those who have successfully passed the written component but not the clinical component may be registered on the provisional register for up to two years. If applicant fails the clinical component twice their practice permit is cancelled immediately.

- **English requirement – no change**

Applicants must demonstrate reasonable proficiency in English to safely and competently practice physical therapy.

Applicants whose formal physical therapy education was not in English can meet the English requirement by successfully completing an English-language test accepted by the Alliance or successfully completing both PCE components in English.

- **Liability insurance – mandatory**

Each regulated member must hold individual professional liability insurance in the amount of \$5million on any patient and \$5 million minimum for the policy

year. Coverage must be obtained by the individual member and extend to all areas of their practice.

- **Citizenship – minor change**

Under HPA, applicants no longer need to provide evidence to the College of Canadian citizenship, lawful admittance to Canada or legal entitlement to work in Canada. This becomes an employer responsibility.

- **Good character and reputation – minor change**

Applicants must provide evidence of good standing which includes (at a minimum): a written reference from another jurisdiction where they are or were registered and a written statement regarding current or previous professional conduct issues or criminal offences if any. The reporting of criminal offences is new.

### RESTRICTED ACTIVITIES

These specific health services, referred to as restricted activities, are listed in Schedule 7.1 of the *Government Organization Act*. A regulated health professional can only perform a restricted activity if authorized by their profession's regulation. Restricted activities for physical therapists are divided into two sections:

1. Basic authorized activities.
2. Other authorized activities.

**1. Basic authorized activities:**

- To cut body tissue, administer anything by invasive procedure on body tissue or perform other

invasive procedures on body tissue below dermis or mucous membrane for purpose of wound debridement/care.

- To insert or remove instruments, devices or fingers:

- beyond cartilaginous portion of ear canal;
- beyond point in nasal passages where they normally narrow;
- beyond the pharynx;
- beyond labia majora;
- beyond anal verge.
- or into artificial opening into the body.

- To reduce a dislocation of a joint.

All regulated members may, in the practice of physical therapy and within the standards of practice, perform the basic authorised activities shown above. However, members must only perform those they are competent to perform and those appropriate to their area of practice.

Students may perform basic authorised activities with consent of and under supervision of a regulated member on the general or courtesy register.

**Other authorized activities:**

- To cut body tissue or perform other invasive procedures on body tissue below dermis or mucous membrane for purpose of needle acupuncture.
- To cut body tissue, administer anything by invasive procedure on body tissue, or perform other invasive procedures on body

tissue below dermis or muscular membrane for purpose of intramuscular stimulation and biofeedback.

- To use a deliberate, brief, fast thrust to move the joints of the spine beyond normal range but within the anatomical range of motion, which generally results in an audible click/pop.
- To order/apply non-ionizing radiation for purpose of performing ultrasound imaging.
- To order a form of ionizing radiation in medical radiography limited to x-rays only.

Only members on the general or courtesy register **and** authorised by the Registrar can perform ‘other authorised activities.’ Members seeking authorisation must provide evidence they have the competencies required. Once granted, authorisation will be noted on the member’s practice permit.

**New change** - members on the general register learning to perform an ‘other authorized activity’ may do so with the consent of and under the supervision of a regulated member on the general or courtesy register who themselves are authorised to perform that activity. The supervising physical therapist must be present/onsite when the activity is being performed and able to observe, promptly intervene or stop/change the ‘supervised’ practitioner. Under HPA, the College will no longer maintain provisional rosters.

### RENEWAL REQUIREMENTS

The renewal process under HPA involves some changes. General register members must renew their practice permit annually and when doing so must:

- Meet continuing competence program requirements – **new**.
- Provide evidence of professional liability (amount and type mentioned on page 4) - **new**.
- Provide evidence of good character and reputation.
- Meet practice hour requirements (e.g., 1200 hours of physical therapy practice during preceding five years).

Another change will be the membership year which currently runs January 1 to December 31. Under HPA, the membership year will run October 1 to September 30.

### MEMBER RESPONSIBILITIES

Under the HPA, regulated members are mandated to provide the following information either on their initial application or within 30 days of a change occurring:

- Full legal name and, if applicable, previous names.
- Home and business mailing addresses, email addresses and telephone (including emergency contact telephone number) and fax numbers.
- Birth date and gender.
- Employer information (e.g., name, location where services are delivered).

- Employment status, hours worked, areas of practice, and job title or position description.
- Restricted activities performed.
- Supervisor’s name if on provisional register.
- Date exams were completed.
- Degrees and other qualifications, including school, graduation year and supporting documentation.
- Registration with another college that provides health services.
- Languages in which the member can provide services.

### PRACTICE PERMITS

As mentioned previously, practice permits replace the current annual certificate and are a member’s ‘license to practice.’

HPA requires practice permits to be displayed where services are provided and if requested, to make it available for inspection.

#### Permit cancellation or suspension

Practice permits must be returned to the Registrar if suspended or cancelled.

If a permit is cancelled because of a professional conduct hearing, the member must wait two years before applying for reinstatement, and one additional year if reinstatement is refused. All reinstatement decisions are made by the reinstatement review committee, who may order that its decision be published. ■

## PROFESSIONAL CONDUCT

### *Changes to the complaints and discipline process under HPA*

HPA establishes common and consistent professional conduct rules and processes across all Alberta regulated health professions. Many of these rules are driven by the government's desire for increased public transparency.

#### NEW TERMINOLOGY

The following new terms will be introduced under HPA:

- **Investigation** – the ‘information gathering’ process that occurs while reviewing a complaint.
- **Complaints director** – receives and investigates complaints and determines the action to be taken.
- **Complaints review committee** – ratifies alternative dispute resolution settlements and reviews dismissed cases if/when complainant requests a review.
- **Hearings director** – convenes a hearing tribunal or complaint review committee and coordinates scheduling and production of notices and records but may not chair or participate in a hearing, review or appeal. Complaints director and hearings director roles cannot be delegated to the same person.
- **Hearing tribunal** – replaces discipline committee. Tribunals are convened when an unprofessional conduct matter is referred to the tribunal. Once the evidence is heard the tribunal issues a decision, and may if charge is proven, recommend conditions be imposed on practitioner's practice permit, or that the practice permit be suspended or cancelled.
- **Alternative complaints resolution** – voluntary process must be agreed to by both practitioner and complainant. The purpose of this process is for complainant and practitioner to work together to solve the problem and come to a mutually acceptable solution. The College participates in and ratifies the process and enforces the settlement reached.

#### NEW RULES AND PROCESSES

The chart to the right highlights specific HPA related changes. As now, complaints will continued to be reviewed on a case by case

basis, with a resolution approach taken based on the facts of the situation, the severity of the allegation and the best interests of patients and the public.

Unprofessional conduct	Physical Therapy Profession Act outlines two types of unprofessional conduct (unskilled practice and professional misconduct). HPA replaces these with a single, more detailed definition of unprofessional conduct.
Hearing tribunal and hearing decisions	<ul style="list-style-type: none"> <li>• Open to public unless tribunal orders otherwise</li> <li>• Complainant can attend entire hearing unless tribunal orders otherwise</li> <li>• At least 25% of tribunal must be public members</li> <li>• Tribunal makes ruling decision which is final unless overturned via appeal</li> <li>• Hearing decision and transcript available publicly (upon request) except any part held ‘in camera’</li> <li>• Member name, complaint and decision will be communicated to members (likely via College Callings)</li> <li>• Decisions or actions by the College can be reviewed by provincial Ombudsman</li> <li>• Criminal behaviour must be reported Alberta Justice Minister and Attorney General</li> <li>• Any conditions imposed on member must be reflected on their practice permit</li> </ul>
Appeals	Open to the public unless ordered otherwise.
Increased public access to information	Public can request - confirmation of investigation, hearing date, proceedings and outcomes as described above, and any appeal information.
More ways for College to respond to unprofessional conduct	<ul style="list-style-type: none"> <li>• Informal resolution efforts</li> <li>• Alternative complaint resolution</li> <li>• Expert assessment</li> <li>• Incapacity assessments</li> <li>• Investigations and hearings</li> </ul>
Termination/suspension by employer - mandatory reporting	<p>If a regulated member is terminated, suspended or resigns due to conduct deemed ‘unprofessional conduct’ by employer, the employer must notify the College who must then:</p> <ul style="list-style-type: none"> <li>• Treat employer as complainant and notify the employer and regulated member accordingly</li> </ul> <p>HPA's expanded definition of employment means that mandatory reporting applies to paid or unpaid contractors, consultants and volunteers as well as ‘employees.’</p>

## LIABILITY INSURANCE

### *Your personal and professional obligation - and an HPA requirement*

Dealing with and serving the public (regardless of the sector you operate in) comes with the possibility of complaints and charges of wrongdoing, especially in our 'high consumer expectation and scepticism, and immediate results' centred culture.

While no one expects to be accused of negligence or malpractice it can and does happen. Similarly, while practitioners do not intend to harm a patient it can and does happen.

Regardless of the cause, the consequences of these claims can be devastating, personally, professionally and financially—even if the claim is later proven false.

Professional liability insurance protects both you the practitioner and patients/ the public.

#### **MANDATORY LIABILITY INSURANCE**

Currently individual professional liability insurance is recommended by the College (see CPTA's malpractice position statement). Under HPA however, that recommendation becomes a requirement.

Each regulated member regardless of their role, employment environment, level of experience, or hours worked will require individual liability insurance in the amount of \$5 million dollars.

All physical therapy activity: clinical, teaching and/or research, whether paid or unpaid will require the same coverage. Coverage will be verified during the registration and renewal process.

#### **IS EMPLOYER COVERAGE ADEQUATE?**

Council has determined that employer coverage is not adequate. There is a common misconception, especially amongst practitioners employed in public practice settings, that employer held malpractice or professional liability insurance is enough. While employer insurance can cover claims related to an employee's actions in the context of their specific workplace setting there are often limitations to that coverage.

#### **PURCHASING INSURANCE**

The College does not make recommendations about insurance providers. Members can source insurance information through a variety of resources including:

- Canadian Physiotherapy Association.
- Insurance Brokers Association of Canada ([www.ibac.ca](http://www.ibac.ca)).

## ORDERING X-RAYS DIRECTLY

Under HPA, physical therapists are expected to have the authority to order x-rays directly. The proposed authority is limited to plain radiography only, which means you still must refer to a physician for nuclear medicine, magnetic resonance imaging (or MRI) and computed tomography (or CT) scans.

The College is currently working on implementation issues such as educational requirements.

## COLLEGE LEADERSHIP UNDER HPA

Under HPA, the following changes to will occur:

- **Council composition/election-**
  - Seven elected members (vs. the current eight).
  - President and president-elect will be elected by regulated members instead of by Council.
  - Two government appointed public members (vs. the current one).
  - Ex-officio members may also be appointed.
- **Council meetings** - four times annually, one of which will be the College's annual general meeting.
- **Voting** - by mail-in ballot only.
- **Fees** - Council may establish fees for registration and other services provided by the College. Fee setting will not require member approval.

# CONTINUING COMPETENCE PROGRAM

*Participation becomes mandatory under HPA*

Continuing competence programs are common in many professional careers and often mandatory for regulated professionals. These programs help practitioners maintain and enhance their professional competence and capacity to practice safely, effectively and within evolving standards and scopes of practice.

Maintaining and improving professional competence also shows that the physical therapist profession and practitioners are committed to:

- Ensuring competent, quality and ethical physical therapy practice.
- Enhancing practitioner skill/knowledge.
- Meeting regulatory and professional obligations.

Competence program participation not only demonstrates your development as a professional, it's also a very good way to build and maintain professional credibility with patients, the public and other stakeholders.

## MANDATORY COMPETENCE PARTICIPATION

In today's increasing complex and rapidly changing health care environment, regulatory organizations are moving towards assuring competence and enhancing the profession as well as managing traditional responsibilities such as registration and professional conduct. It is no longer sufficient to 'say' you are 'up to date,' it is now essential to provide evidence.

As part of the College's commitment to competent practice and public safety, we have always expected and encouraged members to pursue ongoing professional development. Until now; however, the College's continuing competence program (CCP) has been voluntary.

Under HPA, CCP participation will be mandatory for members on the general register and a requirement for practice permit renewal, regardless of practice area, role or experience. HPA also requires the College to monitor member CCP participation.

CCP participation is not mandatory for members on the provisional and courtesy registers and non-regulated members.

## CPTA'S NEW COMPETENCE PROGRAM

The program will have three components:

- I. **Competence development** – reflective practice review (must complete yearly).
- II. **Competence assessment** – will include modules such as jurisprudence and evidence-informed practice.
- III. **Practice visits** – may be conducted randomly.

### Part I - Competence development

This component becomes effective with your first permit renewal under HPA. As with CPTA's previous competence program, members are expected to assess themselves and their practice, identify goals to enhance existing skills or to develop new ones, and then document and report on this

Competence development - a five-step cycle

Step 1 Self-assessment	Step 2 Learning	Step 3 Implementation	Step 4 Documentation	Step 5 Reporting
<ul style="list-style-type: none"> <li>• Complete competency self-assessment tool - once every three years</li> <li>• Log feedback from others</li> <li>• Identify learning goal(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Identify one to three learning goals</li> <li>• Develop a learning plan to achieve each goal</li> </ul>	<ul style="list-style-type: none"> <li>• Start learning plan(s)</li> <li>• Evaluate what was achieved/learned</li> <li>• Integrate learning into practice</li> </ul>	<ul style="list-style-type: none"> <li>• Record learning outcomes</li> <li>• Organize portfolio to show evidence of learning and meeting College requirements</li> </ul>	<p>When renewing practice permit report to the College:</p> <ul style="list-style-type: none"> <li>• Completion of learning plan(s) and</li> <li>• Goal(s) for upcoming year</li> </ul>

*Is the knowledge, skills, attitudes and judgements that affect one's role, job or responsibilities measured against acceptable standards/performance*

*For the purpose of CTPA's new competence program, competence will also refer to the 'integration and application of knowledge, skills, attitudes, and judgements required to practice/perform physical therapy safely, appropriately and ethically.'*

process and their learning.

Reflective practice review involves five steps (see chart on page 8) and standardised tools including a 'professional portfolio.' Portfolios are designed to detail a member's competence development efforts/activities, document the knowledge, skills and expertise gained, help identify short and long-term goals, and assess progress and the integration of learning into practice. They also illustrate participation in the College's CCP program and in ongoing professional development.

### **Part II - Competence assessment**

This component is still under development with a variety of assessment tools (e.g., professional portfolio review, evidence-based cases, key feature cases and interviews) under consideration. Council has approved the development of a jurisprudence module as the first assessment tool in the competence assessment component.

The jurisprudence module, which will be mandatory for all regulated members and any new members, will focus on a review of the laws, regulations and standards that relate to practicing physical therapy in Alberta. The module's goal is to ensure all regulated members understand the legislation and standards that apply to their practice, and more importantly know how to apply them.

Development of the jurisprudence component will occur this fall, with implementation dependant on HPA proclamation. Once proclaimed all regulated members will be required to complete the jurisprudence module.

Members will be kept informed as the competence assessment component evolves.

### **Part III - Practice visits**

The CCP's third component will be practice visits. Practice visits are designed to help Colleges observe and understand how individual healthcare professionals function within their respective practice environment.

To date, little work has been conducted on this component, as current priorities are focused on the professional portfolio and the jurisprudence education module.

### **CCP RESOURCES**

The College is finalising a professional portfolio guide to 'walk' members through the competence development component and help explain the professional portfolio. Members will receive a copy of the guide once completed. It will also be available online.

In the meantime, if you have any questions about the new continuing competence program please contact the College. ■

## CONNECTING WITH COUNCIL

*Key highlights, discussions and decisions from Council's April 18 and June 7 meetings and the College's 2008 Annual General Meeting.*

### NEW & REVISED MEMBER GUIDES

Council approved the following at the June 7 meeting:

- *Guide to what to do when leaving a physical therapy practice or relocating to another clinic.*
- *Guide for physical therapists regarding informed consent.*
- *Guide to third party requests.*
- *Guide to privacy for Alberta Physical Therapists.*

The guides will be available shortly at [www.cpta.ab.ca](http://www.cpta.ab.ca) under resources/member reference guide.

### OTHER ITEMS APPROVED

The following were also approved at the June Council meeting:

- HPA draft regulations for consultation.
- Revised code of ethics approved in principle. It will now undergo further validation with the profession.

- The Trade, Investment and Labour Mobility Agreement for physical therapists between Alberta and BC.

### 2008 AGM

**\$75 fee increase** - was passed. Council's decision to raise fees for 2009 was presented in 2007 as part of a three-year planned fee increase.

### COUNCIL ELECTION

**New Council members** - three new members were elected and one Council member re-elected at the 2008 AGM. A total of 204 ballots were received, 188 were counted and 16 were spoiled.

Congratulations to our newest Council members: Krishna Prasanna and Nicola Sadorra (region 3), and Greg Cutforth (region 7). And welcome back to Grant Fedoruk (region 6) who was re-elected.

## COLLEGE OF PHYSICAL THERAPISTS OF ALBERTA

**Registrar** Dianne Millette  
**Assistant Registrar** Joyce Vogelgesang  
**Continuing competence** Audrey Lowe  
**Registration** Erin Howes  
**Communications** Mara Simmonds  
**Executive Secretary** Donna Heron

### COUNCIL 2008/2009

**President** Simon Cooke  
**Vice-President** Erica Bowen  
**Secretary/Treasurer** Sarah Kerslake  
**Council members:** Karin Eldred, Grant Fedoruk, Krishna Prasanna, Nicola Sadorra, and Greg Cutforth  
**Public member** Harry Davis  
**Student representatives:** Karen Budnick, Simone Godbout

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## WELCOME NEW AND RETURNING MEMBERS

*March 20 – May 31, 2008*

*Find members and verify registration status via the College's online member directory at [www.cpta.ab.ca](http://www.cpta.ab.ca).*

### NEW OR RETURNING TEMPORARY LICENSE\*

Stephanie Cooper	Rafeeq Ansari
Ellen Gallant	Yamni Malve
Rawia Hamad	Romy Mathew*
Tanis Koroluk	Erin McCabe
Todd Marr	Fiona McDevitt*
Gordon Schutz	
Nicola White	<i>Temporary license expires August 31, 2008</i>
Andrea Zelinka	<i>* Temporary license expires December 31, 2008</i>