

# Supervised Practice Agreement



The Supervised Practice Agreement must be completed and signed by the physiotherapist practicing within the terms and conditions associated with Supervised Practice and the supervisor named in accordance with the College of Physiotherapists of Manitoba (CPM) policy and guidelines regarding Supervised Practice.

## APPLICANT (Please print)

I, \_\_\_\_\_, agree to comply with the terms and conditions associated with supervised practice.

- I agree that I shall only practice as a member of the College of Physiotherapists of Manitoba holding an Examination Candidate registration with a supervisor named in this agreement.
- I agree to notify CPM of any proposed changes to this Supervision Agreement prior to the change occurring.
- I understand the terms and conditions imposed on my registration.
- I will cooperate with, seek advice of and follow the directions of my supervisor.
- I will at no time perform any activity or portion thereof as per the conditions on an Examination Candidate license outlined in Registration and Licensing Direction 3.3 Registration on the Examination Candidate Register.

We, the above-mentioned applicant and supervisor identified below, have reviewed the following documents in preparation for entering supervised practice:

- RLD 3.3 Registration on the Examination Candidate Register
- RLD 3.8 Approved Entry-to-Practice Examination
- RLD 3.13 Failure of an Entry to Practice Clinical Evaluation
- RLD 3.20 Supervised Practice for Examination Candidates
- RLD 3.25 Practice Based Competency Assessment
- Physiotherapists' Guide to Supervision of Examination Candidates
- Other related documents i.e. Practice Directions and Code of Ethics

\_\_\_\_\_  
**Exam Candidate's Signature**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Exam Candidate's Printed Name**

\_\_\_\_\_  
**Supervisor's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**SUPERVISOR** (Please print)

I, \_\_\_\_\_, CPM Registration number \_\_\_\_\_, agree to be a supervisor to the above-named applicant in accordance with CPM policy and guidelines regarding Supervised Practice.

1. I agree to supervise the above Examination Candidate’s practice at the practice location indicated below to ensure the delivery of safe, ethical and effective physiotherapy services. I will provide guidance and assistance in physiotherapy practice and encourage evidence-based practice.

2. I understand my key responsibilities are to:

- Only supervise activities I am competent to perform.
- Evaluate the Examination Candidate on a regular basis, provide feedback to maximize their performance, and update the supervision plan accordingly.
- Be physically present to provide direct supervision until the Examination Candidate has been deemed safe for indirect supervision. Be available for consultation and advice at all times by telephone or virtual conferencing when not physically present at the workplace once under indirect supervision.
- Ensure my employer understands my College obligation regarding supervised practice.

3. I understand my obligations to the College include:

- Disclosing/discussing with the Registrar any real or perceived Conflict of Interest.
- Arranging alternative supervision if I am not available to provide supervision at any time. A new supervisor will need to be approved by the Board of Assessors if I will be unavailable for more than 3 consecutive weeks.
- Notifying the College of any safety concerns, competency issues or risk of harm resulting from the Examination Candidate’s care.
- Submitting the required written evaluations:
  - ✓ The Initial Clinical Performance Tool must be completed after a minimum of 10 days of supervised clinical practice. I will complete this evaluation to determine the level of supervision required and will submit this form to CPM upon completion.
  - ✓ Assessment of Clinical Performance (ACP). I will complete every 3 months while under Supervised Practice. This evaluation will be conducted using the provided tool. Once completed, a copy will be sent to CPM.
  - ✓ When the candidate applies for the PBCA program, I will submit an ACP that was completed within the four weeks preceding the application date.

\*\*In Manitoba, the ACP is used as part of the Practice Based Competency Assessment and an accurate assessment of the Examination Candidate’s clinical practice is required for evaluation.

- Submitting the Supervision Plan along with this Supervision Agreement prior to the Examination Candidate starting under supervised practice.

By signing this form, I have read the above information and will comply with all terms and conditions listed.

**PRACTICE LOCATION:** \_\_\_\_\_  
(Practice location name, address, and telephone number)

\_\_\_\_\_  
**Supervisor’s Printed Name**

\_\_\_\_\_  
**Supervisor’s Signature**

\_\_\_\_\_  
**Date**