

# 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 or employment prior to the change occurring.
- I agree to submit self-reported practice hours every 400 practice hours accrued (across all employers) along with the ACP evaluations until the 1200 hours have been met and an application approved for the Practice Based Competency Assessment or until I have submitted verification of successfully passing an alternate clinical evaluation.
- I agree I will apply for the examination, Practice Based Competency Assessment, at the first available opportunity after being accepted onto the examination candidate register once meeting the requirements in consultation with my Supervisor as outlined in the Regulation 6(3); **OR** if proceeding with the clinical evaluation outside Manitoba, I will provide the name of the clinical evaluation, the date registered for and once complete verification of the outcome of that evaluation.
- I will cooperate with, seek advice of and follow the directions of my supervisor.
- I understand the terms and conditions imposed on my registration. 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 in advance and understand the expectations and requirements outlined in the following documents regarding supervised practice:

- 3.3 Registration on the Examination Candidate Register
- 3.8 Approved Entry-to-Practice Examination
- 3.13 Failure of an Entry to Practice Clinical Evaluation
- 3.20 Supervised Practice for Examination Candidates
- 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.
  - Completing and/or Submitting the required written evaluations:
    - ✓ The Initial Clinical Performance Tool must be completed after a minimum of 10 days of direct supervision in clinical practice. I will complete this evaluation to determine the level of supervision required and will save this form in the Examination Candidate's file. I will send this to CPM if requested.
    - ✓ Assessment of Clinical Performance (ACP). To be completed every 400 practice hours while under Supervised Practice. These hours are accrued across all employers, and the supervisee will communicate the overall hours completed to assist with this process. This evaluation will be conducted using the provided online tool. Once completed, a copy will be submitted to CPM.  
**\*\*In Manitoba, the ACP is used as part of the PBCA, 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.

**Disclaimer: By signing below, the Examination Candidate agrees to have all assessments completed as part of the supervision process submitted through electronic means, and the Supervisor agrees to submit the required assessments, including but not limited to the ACP, through electronic means.**

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**