

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 ACP evaluations (if remaining under supervision for greater than three months) every 3 months as required until I have submitted verification of successfully passing the approved entry-to-practice examination.

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 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:

- Registration on the Examination Candidate Register
- Approved Entry-to-Practice Examination
- Supervised Practice for Examination Candidates
- 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:

- ð Only supervise activities I am competent to perform.
- ð Evaluate the Examination Candidate on a regular basis, provide feedback to maximize their performance, and update the supervision plan accordingly.
- ð 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, or available to attend the clinic if required, when not physically present at the workplace once under indirect supervision.
- ð Ensure my employer understands my College obligation regarding supervised practice.

3. I understand my obligations to the College include:

- ð Disclosing/discussing with the Registrar any real or perceived Conflict of Interest.
- ð 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.
- ð 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 3 months while under Supervised Practice, if the Examination Candidate requires supervision for more than three months. This evaluation will be conducted using the online tool provided. Once completed, a copy will be submitted to CPM.
- ð 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

SUPERVISOR (Please print)

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Manitoba

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Winnipeg, MB R3P 2W1

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Practice Location:

_____ (Practice location name, address, and telephone number)

Supervisor's Printed Name

Supervisor's Signature

Date
