



CPTBC

College of Physical Therapists
of British Columbia

EMPLOYMENT AND SUPERVISION PROPOSAL

For Interim Registration

The following template is provided to guide you in establishing an appropriate supervision plan for an interim registrant with the College of Physical Therapists of BC. You may use this template or your own form of supervision plan but your form must include all the provisions in this template. Please be advised that your employer(s) will be mailed a copy of your registration approval letter.

Name of Interim Registration Applicant _____

SUPERVISING PHYSICAL THERAPIST(S) *

** Interim registrant can only have a maximum of two supervisors at any given time.*

Name & Full Registration No.: _____

Name & Full Registration No.: _____

EMPLOYMENT INFORMATION*

** Interim registrant can only have a maximum of two worksites at any given time. Please submit a **separate** supervision plan for each workplace.*

Name of Workplace _____

Workplace Address _____

Workplace Telephone Number _____

Date of Employment _____ TO _____

Primary Area of Practice (Choose one only):

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Health Promotion and Wellness | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> Amputations | <input type="checkbox"/> Mental Health & Psychiatry | <input type="checkbox"/> Research |
| <input type="checkbox"/> Burns & Wounds | <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Respiriology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Return to Work Rehab |
| <input type="checkbox"/> Client Service Management | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Oncology | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Early Childhood Intervention | <input type="checkbox"/> Other | <input type="checkbox"/> Teaching – Other |

Please return this proposal to:

Suite 1420, 1200 West 73rd Avenue, Vancouver, B.C. V6P 6G5

Phone: (604) 730-9193 Fax: (604) 730-9273

Toll Free (North America): 1-877-576-6744 Website: www.cptbc.org

- | | | |
|---|--|--|
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Teaching – PT Related |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Vestibular Rehab |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Perineal | |

Employment Category: Permanent Temporary Casual

Employment Status: Full Time Part Time

Age of Clients: Adults All ages Pediatrics Seniors

Level of Clients: Acute Chronic Long Term Mixed Rehab

DUTIES OF SUPERVISOR(S)

* Supervising therapist may only have a maximum of 4 interim registrants at a time.

1. Before starting employment, I will orient the applicant to the policies and procedures in effect at the clinic/hospital and review the Resources on the College's website.
2. I will review the applicant's charts _____ and will advise him/her
(frequency)
regarding proper charting practice and procedure in accordance with the standards of practice of the College of Physical Therapists of BC;
3. I will review the applicant's billings _____ and will provide advice and direction to
(frequency)
him/her. If necessary, I will make appropriate adjustments to the billings;

 By checking this box and signing with my initial at the end of this sentence, I confirm that this supervisory arrangement takes place in a hospital and therefore this item is not applicable. _____
(initial)
4. I will be physically present to consult with the applicant _____ at the clinic or hospital;
(frequency)
(DIRECT SUPERVISION)
5. When I am not physically present at the clinic or hospital, I will be available for consultation and advice at all times by telephone;
6. In the event that I am away on vacation, because of illness, or for any other reason for a period of greater than three weeks, I will ensure that another full registrant of the College is available in my place of work to carry out the terms of this plan **and will first obtain approval of the Registration Committee for another full registrant of the College to act as a supervising therapist;**
7. In the event that I have concerns regarding the applicant's competency to practice physical therapy in any respect, I will report my concerns immediately to the Registrar of the College of Physical Therapists of BC.

If applicable:

(name of health authority)

8. I attest that the applicant is employed by a facility owned by _____ and, as such, is insured against liability for negligence in an amount of at least three (3) million dollars per occurrence.

DUTIES OF APPLICANT FOR INTERIM REGISTRATION

1. I agree to co-operate with the supervising physical therapist and provide him/her with access to all my charts. I will seek the advice of the supervising physical therapist when necessary and will follow his/her direction;
2. I agree to provide my supervising physical therapist with access to all billings that I render and I agree to review the billing for the services that I provide.

 By checking this box and signing with my initial at the end of this sentence, I confirm that this supervisory arrangement takes place in a hospital and therefore this item is not applicable. _____ (initial)
3. I agree to complete the Physiotherapy Competency Examination and I have both:
 Registered for Passed the QE on _____ (date of examination)
 Registered for the PNE taking place on _____ (date of examination)
4. I understand that if the College is advised that a relevant criminal record exists with respect to me, my interim registration may be further restricted or revoked;
5. I agree that I will not work for any other employer or at any other location. Further, should I wish to make any changes to my employment arrangement (e.g. change employers or location of employment), I MUST receive an approval from the Registration Committee prior start new employment arrangement. I will submit a written request, a letter of reference from my previous employer, another supervision plan, and an administrative fee (only applicable for second and subsequent requests) for approval to the Registration Committee.
6. I understand that if I fail either the written exam (Qualifying Examination), or the clinical exam (Physiotherapy National Examination), I must inform the College and my interim registration shall then be revoked by the Registration Committee. The College shall inform my employer in writing that my interim registration has been revoked. *

* Bylaws Section 32.2: The registration committee may grant interim registration to a person who qualifies under section 32(1)(a) for a period not exceeding 15 months or until seven days following the date which the registration committee is notified of the registrant's failure of the examination, whichever is sooner.

SHARED DUTIES OF APPLICANT AND SUPERVISOR(S)

We understand that if the terms of section 32 of the College's Bylaws or Policy 4.11 are not met by either the supervising therapist or the interim registrant, interim registration may not be granted or, if granted, may be further restricted, not extended or revoked. We understand that interim registration may not be granted or may be revoked if the supervising therapist is under investigation or disciplinary action by the College. We further understand that a breach of section 32 of the College's Bylaws, Policy 4.11 or the general standards of the profession may result in an investigation or discipline under the *Health Professions Act*.

We understand that a potential conflict of interest arises when the supervisor(s) is related to the applicant for interim registrant or is a close personal friend of the applicant. We understand that we must declare any potential conflict of interest to the College and as a result, alternative supervisory arrangement may be required or interim registration may not be granted at the discretion of the Registration Committee.

Submitted by:

Supervising Therapist Signature

Supervising Therapist Signature

Interim Registrant Signature

Date

Approved by:

(For the Registration Committee)