



CPTBC

College of Physical Therapists
of British Columbia

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SUPERVISION AGREEMENT FOR INTERIM REGISTRATION

Name of Interim Registrant: _____
Contact E-Mail: _____
Contact Phone Number: _____
Name of Workplace/Employer: _____
Address: _____
Telephone number: _____
Name of Proposed Supervisor: _____
Supervision Start Date: _____

Interim Registrant Undertaking

I understand and agree that I must:

- Comply with the conditions associated with my interim registration.
- Practice as an interim registrant only when supervised by the supervisor named in this agreement.
- Cooperate with, seek advice of, and follow directions of my supervisor.
- Practice within the scope of practice of physical therapy in British Columbia and as authorized by law.
- Notify the College if I need to change my supervisor and seek approval from the Registrar in advance of any change.

I have read and agree to:

- Comply with supervision requirements as set out in the *Supervision Guide, 2022*.
- Have a maximum of two supervisors and/or workplaces

I am registered for the ACEBC on _____. I understand that my registration will be cancelled 7 days after results of an exam are released, should I fail.

Name

Signature

Date

Supervisor¹ Undertaking

I understand and agree that I must:

- Reflect on the knowledge and skills required to provide quality supervision prior to taking on supervisory responsibilities and ensure I have training or the competencies required.

¹ It is recommended that a supervisor have at least 2 years of clinical experience as a full registrant prior to supervising interim registrants.

- Only supervise activities I am competent to perform.
- Develop and discuss the supervision plan in co-operation with the interim registrant, prior to assigning client care responsibilities.
- Provide the supervision plan to the College upon request².
- Evaluate the interim registrant on a regular basis and provide feedback to maximize their performance. This may include chart review or other methods of constructive feedback.
- Provide the appropriate level of direct and indirect supervision to ensure client safety and the safe provision of physical therapy services. I understand the hours of direct supervision required will vary depending on the level of competence of the interim registrant.
- Be physically present to provide direct supervision for _____ hours/week at the workplace.
- Be available for consultation and advice at all times by telephone or other electronic means when I am not physically present at the workplace.
- Disclose/discuss with the Registrar any real, potential, or perceived conflict of interest.
- Ensure my employer understands my College obligations regarding supervision (as applicable).
- Arrange for a reassignment of supervision if I am not available to provide supervision at any time physical therapy services are being provided. I understand transfer to a new supervisor, approved by the Registration Committee, is required if I am not available for more than three weeks consecutively.
- Notify the Registrar of the College of any client safety concerns, competency issues or risk of harm resulting from the interim registrant's care.

I have read and agree to:

- Comply with supervision requirements as set out in the *Supervision Guide, 2022*.
- Supervise no more than four interim registrants at one time

Name of Supervising Physical Therapist

CPTBC Registration Number

Signature

Date

(Note: A separate agreement is required for more than one workplace)

² Within 5 days of the request being made