

Physical Therapist Supervision Agreement

Effective Date of Supervision Agreement

Part 1

I, _____ (Name of Restricted License Applicant)

- a. Agree to comply with the terms, conditions, limitations associated with a Restricted License to Practice.
- b. Agree that I shall only practice as a member of the SCPT holding a Restricted Practice License while under the supervision of the person(s) named in this agreement (who hold a full practicing licence with the SCPT) under the jurisdiction of the employer named in my application. I am aware that I will continue to work under a Restricted License until I receive a full-practice licence.
- c. Agree to notify the SCPT of any changes to my Supervision Agreement AND to notify the Registrar immediately of any changes in my home or workplace address, any changes in employment or any intention to not renew the license. I am aware that **failure to notify the SCPT** of the above can result in **immediate revocation** of my license.
- d. Agree to inform my supervisor of my clinical examination/assessment results immediately upon receipt of result notification.
- e. Understand the terms, conditions and limitations imposed on my certificate and acknowledge the same under which I am to practice.

Part 2

I, _____ (Name of Primary Supervisor), _____ (SCPT Registration #)

_____ (Name of Alternative Supervisor), _____ (SCPT Registration #)

_____ (Name of Alternative Supervisor), _____ (SCPT Registration #)

_____ (Name of Alternative Supervisor), _____ (SCPT Registration #)

- a. Agree to provide supervision for the above-named applicant in accordance with the SCPT Restricted Licence Guidelines.
- b. Agree to continue supervision until the Restricted License Applicant has a full practice licence.
- c. Agree that in conjunction with the applicant, I will develop and comply with a written supervision plan that will include but not be limited to:
 - Monitoring of the applicant's clinical practice
 - Providing personal intervention OR complying with alternate intervention arrangements as outlined in the Restricted Licence Guidelines
 - Will follow the supervision model as outlined in the Restricted License Guidelines. This includes providing a minimum of 20% direct supervision until the supervising therapist is satisfied that the applicant meets all charting and clinical requirements at entry level performance as defined in the Assessment of Clinical Performance (ACP) tool.
 - Supervision is to be carried out by a full practicing physical therapist.

- d. Agree to immediately report to the Registrar in the event that the applicant performs an act of professional misconduct or incompetence.
- e. Agree to notify the Registrar immediately if I am no longer able or willing to continue to fulfill my responsibility as a supervisor, and/or if the Restricted Licensee leaves this employment position.

Part 3

I, _____ (Name of Employer/Department Manager) _____ (SCPT Registration #, if applicable) agree to remain informed of the Restricted License Applicant's performance.

Employing Organization Name

Location of Practice (Address and Department/Unit if applicable)

NOTE: The supervision agreement (this form) **must** be submitted to SCPT **AND** all physical therapists who are supervising the licensee **must** sign this agreement. The supervision plan does not need to be submitted to the SCPT.

_____ Applicant Signature	_____ Date	_____ Phone #
_____ Primary Supervisor Signature	_____ Date	_____ Phone #
_____ Alternative Supervisor Signature	_____ Date	_____ Phone #
_____ Alternative Supervisor Signature	_____ Date	_____ Phone #
_____ Alternative Supervisor Signature	_____ Date	_____ Phone #
_____ Employer/Department Manager Signature	_____ Date	_____ Phone #