

## Supervisory Agreement

The Prince Edward Island College of Physiotherapy (PEICPT) allows a recent graduate from a Canadian Physiotherapy Educational Program, who has met all other requirements on PEI for licensure but has not successfully completed the practical component of the Physiotherapy Competency Exam, to be engaged in direct patient care as a Physiotherapy Resident under the on-site supervision of a licensed Physiotherapist in the PEICPT.

I agree to provide the supervision of the Physiotherapy Resident identified below in accordance with the P.E.I. authorization regulation, section 14(c), during the applicable period he/she is working on Prince Edward Island. I also agree to complete all components of the **provisional practice monitoring tool** as outlined, and submit them to the PEICPT when required.

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Supervising therapist  
Date (D/M/Y)

**We both further agree to notify the PEICPT if this agreement is terminated for any reason, or if a new Supervisor needs to be assigned/added.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Supervising Therapist  
Type/print name of Supervisor  
License number  
Date (D/M/Y)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Physiotherapy Resident  
Type/print name of PT Resident  
License number  
Canadian PT Educational Program  
Date of Graduation  
Date (D/M/Y)

Facility of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number/Facsimile: \_\_\_\_\_  
Initial Date of Employment: \_\_\_\_\_

***PLEASE MAIL THIS FORM TO THE PEICPT, OR EMAIL IT TO [contact@peicpt.com](mailto:contact@peicpt.com)***