



## Supervisory Agreement

The Prince Edward Island College of Physiotherapists (PEICPT) allows a graduate from a credentialed university degree program in Physiotherapy to be engaged in direct patient clinical care as a Physiotherapy Resident as long as:

1. They are under the on-site supervision of a licensed Physiotherapist of the PEICPT
2. They have met all other requirements on PEI for licensure but have not successfully completed (within eligible attempts), or are awaiting the result of the Clinical Component (Physiotherapy National Exam) of the Physiotherapy Competency Examination.

As a Supervisor, I agree to provide supervision of the Physiotherapy Resident identified below in accordance with the **Framework for Entry to Practice Supervision by Physiotherapy Regulators in Canada**, during the applicable period they are working on PEI. 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 Physiotherapist\*

\_\_\_\_\_ 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 Physiotherapist  
\_\_\_\_\_ Type/print name of PT Supervisor  
\_\_\_\_\_ License number  
\_\_\_\_\_ Date (D/M/Y)

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

Facilit(ies) of Employment: \_\_\_\_\_

Address(es): \_\_\_\_\_

Telephone number/Facsimile: \_\_\_\_\_

Initial Date of Employment: \_\_\_\_\_

**PLEASE MAIL A COPY OF THIS FORM TO THE PEICPT, OR EMAIL IT TO**

**[contact@peicpt.com](mailto:contact@peicpt.com)**

Original copies to be kept by Supervising Physiotherapist•

**P.O. Box 20078 Charlottetown Prince Edward Island Canada C1A 9E3**

\* has a minimum number of 3 years of experience in independent practice in Canada