



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

Evaluation Services Committee Member Application Form

Name _____

Credentials/
Position _____

Preferred contact information

Address

Email _____

Phone _____

I am applying as the following Evaluation Services Committee member (see Terms of Reference)

CPA member

CCPUP member

PEAC member

Fully registered IEPT

Other

CPA/CCPUP/PEAC applicants only

My name is put forward by:

Organization name _____

Contact name _____

Credentials/position title _____

Phone _____

email _____

I have the following expertise/ experience/competencies to offer the committee:

- High stakes entry-to-practice examinations utilizing international assessment testing standards

Please describe

- Credential assessment of internationally educated health professionals

Please describe

- Regulation of physiotherapists

Please describe

- Experience with entry-level physiotherapy practice through:
- direct clinical practice
 - regular supervision of senior level physiotherapy students
 - mentorship of new physiotherapy graduates
 - participation in a physiotherapy entry-level education program as a faculty member, tutor or similar role
 - supervisory or management experience of health care personnel including physiotherapists (e.g., Manager, Professional Practice Leader)

Please describe

- Measurement and evaluation

Please describe

Credentials evaluation

Please describe

Research and quality assurance

Please describe

I, the undersigned, hereby consent to serve as a member of CAPR's Evaluation Services Committee and, if appointed, agree to abide by CAPR's confidentiality and conflict of interest policies, and the Code of Conduct.

Signature	Date
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Please submit this application form and a recent resume or CV to CAPR's Evaluation Services Committee
c/o Kathy Davidson, National Director, Evaluation Services
kathy.davidson@alliancept.org