



SPONSOR FORM

Name of Applicant: _____

Place of supervised practice: _____

Address of supervised practice: _____

I, _____, agree to the Sponsorship guidelines and hereby accept that it is my responsibility to report to the Board of Directors failure of the sponsor to provide the agreed upon supervision and any unexpected absences or responsibilities.

Signed: _____

Date: _____

I, _____, agree to act as a sponsor for _____ and hereby acknowledge that I am engaged in the practice of physiotherapy at the above mentioned site and that my scope of practice is comparable to that of the applicant. Furthermore I am aware of my responsibility to provide guidance and assistance in the appropriate areas of physiotherapy practice and to report to the Board within the first month on the performance of the applicant. I will notify the Registrar promptly, in writing, if I am concerned about the practice of the applicant in any way or if any change in supervision occurs.

Signed: _____ Date: _____