

PHYSIOTHERAPY SUPERVISION AGREEMENT

This agreement has to be filed with the application for interim registration. In order to start practising physiotherapy a Certificate of Registration needs to be obtained from the Registrar.

APPLICANT FOR REGISTRATION AS AN INTERIM PHYSIOTHERAPIST

I understand and agree to comply with conditions associated with an Interim Physiotherapist's Certificate of Registration, namely:

- to practise physiotherapy only when supervised by the supervisor(s) named in this agreement;
- to practise physiotherapy within the boundaries established by the supervisor(s);
- to familiarize myself with my responsibilities under the Yukon Physiotherapists Regulation and the Health Professions Act; and
- to notify the Yukon Registrar if the supervisor(s) change, prior to the change occurring.

Name

Signature

Date

SUPERVISOR

I am a physiotherapist with full registration in Yukon and I agree that while the applicant named above is registered as an Interim Physiotherapist I will supervise this applicant's practice of physiotherapy to ensure the delivery of safe, ethical and effective physiotherapy services. My key responsibilities are to:

- only supervise activities I am competent to perform;
- develop a supervision plan and discuss the supervision plan with the applicant before assigning patient care responsibilities;
- communicate openly and honestly with the applicant on a regular basis;
- conduct regular evaluations to ensure the applicant is delivering safe, ethical and effective physiotherapy services;
- obtain informed consent from the patient, guardian or substitute decision-maker for the involvement of the applicant in the delivery of physiotherapy services;
- ensure the applicant's entries in treatment records are appropriate and meet charting standards, and if not take timely action;
- ensure my employer understands my professional obligations regarding supervision;
- arrange for the transfer of supervision when not available;
- intervene or withdraw from providing supervision if there are patient safety concerns or risk of harm resulting from the applicant's care, and communicate with appropriate authorities if necessary; and
- notify the Yukon Registrar if I am no longer able or willing to continue supervision.

Name of supervisor

Signature

Date

Name of second supervisor (if applicable)

Signature

Date

Resource: Yukon Physiotherapists Regulation & Health Professions Act