

Supervision Agreement

Pelvic Health Internal Examinations

| Practice Location | |
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| Name: | |
| Address: | |
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| Section 1: Physiotherapist Intern Un | dertaking |
| I understand and agree to comply the Provisional Register, namely to | y with the conditions associated with my registration on o: |
| | n internal examinations when my supervisor is present promptly intervene as required by the <u>Performance of ard of Practice.</u> |
| supervisor named in this a | n internal examinations when supervised by the greement. A transfer of supervision to another new approved supervision agreement. |
| Notify the College of Physics to the change occurring. | iotherapists of Alberta if my supervisor(s) change, prior |
| I have read and understand the C Resource Guide for Alberta Physic | ollege of Physiotherapists of Alberta's <u>Supervision</u> otherapists. |
| Physiotherapist Intern's Name: | |
| Registration Number: | |
| Date: | |
| Signature | |

Section 2: Supervisor Undertaking

- 1. I agree to supervise the above Physiotherapist Intern's practice at the practice location indicated above to ensure the delivery of safe, ethical, and effective physiotherapy services.
- 2. I understand my key responsibilities are to:
 - Only supervise pelvic health (internal examinations) performed by the Physiotherapist Intern if I, myself, am authorized to perform them.
 - Only supervise activities I am competent to perform.
 - Ensure the Physiotherapist Intern is authorized prior to allowing them to perform pelvic health internal examinations.
 - Provide direct supervision of the Physiotherapist Intern's practice of pelvic health (internal examinations) at all times.
- I acknowledge that direct supervision means that I am present and able to observe and promptly intervene at any time the Physiotherapist Intern is performing a pelvic health internal examination, as this method of supervision is required by the <u>Performance of Restricted Activities Standard of Practice.</u>
 - Arrange for the transfer of supervision to another physiotherapist on the General Register who is authorized to perform pelvic health (internal examinations) when not available. A transfer of supervision to another physiotherapist requires a new approved supervision agreement.
 - Take timely action if any aspect of the Physiotherapist Intern's physiotherapy practice fails to comply with the Standards of Practice, Code of Ethical Conduct or legislation relevant to their practice.
 - Intervene or withdraw from providing supervision if there are patient safety concerns or risk of harm resulting from the Physiotherapist Intern's care and communicate with appropriate authorities as necessary.
 - Notify the College of Physiotherapists of Alberta if I am no longer able or willing to continue supervision of the Physiotherapist Intern.
 - 3. I have read and understand the College of Physiotherapists of Alberta's <u>Supervision</u> Resource Guide for Physical Therapists.

| Supervisor (1) | |
|---|--|
| Supervisor's Name | |
| Supervisor's Registration Number | |
| Date | |
| Supervisor's Signature | |
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| Supervisor (2) | |
| Supervisor (2) Supervisor's Name | |
| • | |
| Supervisor's Name | |
| Supervisor's Name Supervisor's Registration Number | |
| Supervisor's Name Supervisor's Registration Number Date | |