



PROVISIONAL PRACTICE

MONITORING AGREEMENT

To be completed by the Monitor and returned with the Resident's application for Provisional Practice..

- I agree to assume the role of Monitor for _____ a Physiotherapy Resident who is practising under Provisional Practice.
- I agree to oversee the practice of this Resident. I understand that although I am not required to be onsite at all times when the Resident is engaged in client care activities, the monitoring must be such that it allows me to be assured that the Resident can safely and competently carry out her/his clinical responsibilities.
- I understand that I am expected to monitor the Resident through activities which may include direct observation, case reviews, chart audits or discussions with other team members and meetings with the Resident.
- As part of my monitoring responsibilities, I agree to formally monitor the resident using the Provisional Practice Monitoring Tool at the interim (if applicable) and the final phases of the Provisional Practice period.
- I agree to report to the Coordinator, Entry to Practice, at the College of Physiotherapists of Ontario (within one business day) if the Resident has performed any act of professional misconduct, or of incompetence, or if the Physiotherapy Resident appears incapacitated.
- I will also immediately notify the Coordinator, Entry to Practice, in writing if I am unable to fulfill my responsibility as Monitor to the Resident.
- I agree to provide follow-up information to the College of any concerns about the Resident identified in the monitoring process.
- I understand that this is a formal agreement and undertaking by myself and the College of Physiotherapists of Ontario.



Name _____

Registration Number _____

Signature of Monitor

Date mm / dd / yyyy

PLEASE RETURN BY FAX
OR MAIL TO:

**COLLEGE OF
PHYSIOTHERAPISTS**

375 University Avenue
Suite 901
Toronto, Ontario
M5G 2J5

ATTENTION: ENTRY TO
PRACTICE ASSOCIATE

Telephone:

416-591-3828 OR
1-800-583-5885

Fax: 416-591-3834