



**PEAC PEER REVIEW TEAM MEMBER
APPLICATION FORM**

Name of Applicant: _____

Credentials/Position title: _____

Employer/Work Address: _____

Work Email: _____

If you prefer to use your home address for mailings, please complete below:

Home Address: _____

Home Email: _____

Contact Information: Telephone: _____ Home: _____
Work: _____
Cell: _____

Please indicate preferred title/address/email to share with other team members or the education program once assigned to a review team:

___ Work Address/contact information ___ Home Address/contact information

Languages (written and spoken): English _____ French _____

I meet the eligibility criteria described in GUIDE-08 Eligibility to become a PEAC Peer Reviewer as:

- Physiotherapy Educator External Member PEAC Member

I, the undersigned, hereby consent to serve as an accreditation surveyor for PEAC. I have read the Vision, Mission and Values of PEAC and, if appointed, agree to support them and adhere to PEAC policies and procedures related to completing accreditation reviews. I am willing to accept the responsibilities related to conducting accreditation reviews including:

- i) commitment to the PEAC policies of confidentiality
- ii) review of the program's Self-Study Report and all related materials
- iii) ability to objectively collect, analyze, and communicate all pertinent data related to the on-site review
- iv) acceptance of the responsibility for own behaviour and actions
- v) acknowledgement of any conflict of interest

Signature of Applicant: _____ Date: _____

Send completed form with curriculum vitae and letters of reference to:

Physiotherapy Education Accreditation Canada
Suite 26, 509 Commissioners Road W.,
London, ON N6J 1Y5

kathy.davidson@peac-aepe.ca

Form Number: FORM-04	
Date of last revision	Associated documents
<i>Dec 2010</i>	ACC-03 Appointment to the Pools of Accreditation Surveyors
<i>May 2012</i>	
<i>June 2013</i>	GUIDE-08 Eligibility to become a PEAC Surveyor
<i>June 2016</i>	