



## REGULATORY REVIEWER 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 (see GUIDE-11 Regulatory Peer Review Member: Eligibility, Role, Responsibilities) to become a Regulatory Peer Review Team Member
- I understand that prior to being assigned to a Peer Review Team at the time of an accreditation review, confirmation will be sought from my provincial regulator that I am a member in good standing in my own province

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:

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Completed form to be sent with curriculum vitae and letters of reference to the Registrar of the regulatory body with which the applicant is registered.

The Registrar to complete FORM-09 Regulatory Peer Review Team Member Recommendation Form, and forward all materials to Physiotherapy Education Accreditation Canada.

Form Number: FORM-08	
Date of last revision	Associated documents
June 2013 June 2016	ACC-03 Appointment to the Pools of Accreditation Peer Review Team Members
	GUIDE-11 Regulatory PRT Members
	FORM-09 Regulatory Peer Review Team Application Form