FORM-09

REGULATORY REVIEWER RECOMMENDATION FORM

(for completion by the Registrar in the applicant’s jurisdiction)

Send completed form, along with applicant’s FORM-08 and accompanying documentation to:

Physiotherapy Education Accreditation Canada

Suite 26, 509 Commissioners Road W., London, ON N6J 1Y5

[kathy.davidson@peac-aepc.ca](mailto:kathy.davidson@peac-aepc.ca)

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| --- | --- |
| **Name of Applicant:** |  |
| Recommendation from: | |
| **Name of Organization:** |  |
| **Name of Individual:** |  |
| Contact Information: | |
| **Work phone:** |  |
| **Cell phone:** |  |
| **email:** |  |

□ I have received and reviewed the above applicant’s FORM-08 Regulatory Reviewer Application Form and accompanying documentation (curriculum vitae, reference letters).

□ I agree that the above applicant meets the eligibility criteria outlined in GUIDE-11 Regulatory PRT Members: Eligibility, Role, Responsibilities.

□ I agree that the above applicant has many or all of the following strengths:

* communication skills in general, and specifically related to conducting interviews
* ability to critically analyze, verbalize and record pertinent objective data
* ability to work as a team and participate in reaching consensus
* a personal and professional history that would not reflect negatively on the accreditation program
* an awareness of personal biases but openness to new ideas and receptiveness to change

**I, the undersigned, recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be appointed to the Regulatory Reviewer Pool held by PEAC. I understand that this applicant will represent the Canadian Alliance of Physiotherapy Regulators and PEAC during future accreditation reviews.**

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| Signature: | Date: |

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| **Form Number: FORM-09** | |
| Date of last revision | Associated documents |
| June 2013 | ACC-03 Appointment to the Pools of Accreditation Reviewers |
| GUIDE-11 Regulatory PRT Members |
| FORM-08 Regulatory PRT Member Application Form |