**Evaluation Services Committee Member**

**Application Form**

|  |  |
| --- | --- |
| Name |  |
| Credentials/  Position |  |

*Preferred contact information*

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| --- | --- |
| Address |  |
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|  |  |
|  |  |
| Email |  |
| Phone |  |

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| I am applying as the following Evaluation Services Committee member (see Terms of Reference) | | | | | | | | |
| CPA member |  | | CCPUP member | |  | PEAC member | |  |
| Fully registered IEPT |  | | | Other | | |  | |
| CPA/CCPUP/PEAC applicants only  My name is put forward by: | | | | | | | | |
| Organization name | |  | | | | | | |
| Contact name | |  | | | | | | |
| Credentials/position title | |  | | | | | | |
| Phone | |  | | | | | | |
| email | |  | | | | | | |

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| I have the following expertise/ experience/competencies to offer the committee: | |
|  | High stakes entry-to-practice examinations utilizing international assessment testing standards |
|  | **Please describe** |

|  |  |
| --- | --- |
|  | Credential assessment of internationally educated health professionals |
|  | **Please describe** |

|  |  |
| --- | --- |
|  | Regulation of physiotherapists |
|  | **Please describe** |

|  |  |
| --- | --- |
|  | Experience with entry-level physiotherapy practice through:   * direct clinical practice * regular supervision of senior level physiotherapy students * mentorship of new physiotherapy graduates * participation in a physiotherapy entry-level education program as a faculty member, tutor or similar role * supervisory or management experience of health care personnel including physiotherapists (e.g., Manager, Professional Practice Leader) |
|  | **Please describe** |

|  |  |
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|  | Measurement and evaluation |
|  | **Please describe** |

|  |  |
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|  | Credentials evaluation |
|  | **Please describe** |

|  |  |
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|  | Research and quality assurance |
|  | **Please describe** |

**I, the undersigned, hereby consent to serve as a member of CAPR’s Evaluation Services Committee and, if appointed, agree to abide by CAPR’s confidentiality and conflict of interest policies, and the Code of Conduct.**

|  |  |
| --- | --- |
| Signature | Date |

Please submit this application form and a recent resume or CV to CAPR’s Evaluation Services Committee

c/o Kathy Davidson, National Director, Evaluation Services

[kathy.davidson@alliancept.org](mailto:kathy.davidson@alliancept.org)