



SPONSORED PRACTICE AGREEMENT

The Sponsored Practice Agreement must be completed and signed by both the Physiotherapy Resident Applicant and the sponsoring Physiotherapist. The College views the Sponsor as a mentor and supporter of the Resident.

APPLICANT: (Please print)

I, _____, agree to comply with the terms and conditions of a Sponsored Practice license as set out in the NS College of Physiotherapists (NSCP) **Sponsored Practice Guidelines**.

I agree to notify the Registrar of any changes in employment and/or Sponsor.

I agree to notify the Registrar of my Clinical exam results (pass or fail) by sending proof of results immediately upon receiving the documents.

I have provided my Sponsor with a completed list of goals.

I understand the terms and conditions imposed on my license and will work only within my level of competence.

Physiotherapy Resident Applicant's Signature

Date

SPONSOR: (Please print)

I, _____ License# _____ agree to sponsor the above-named applicant in accordance with the NSCP **Sponsored Practice Guidelines**.

I acknowledge that I have two full years of independent practice and work at the same site, in a comparable scope of practice, to that of the Resident Applicant.

I agree to notify the Registrar of any changes in Sponsor or in the mentoring routine.

I agree to the required reporting and understand my obligation to provide guidance and feedback to the Resident, to encourage evidenced-based practice, and to report any unsafe practices.

I understand and agree to the terms and conditions of the Sponsored Practice as stated in the **Sponsored Practice Guideline**.

Sponsor's Signature

Date