

MENTORSHIP AGREEMENT

The Mentorship Agreement must be completed and signed by the physiotherapist practicing within the terms and conditions associated with mentorship practice and the Mentor named in accordance with the College policy and guidelines regarding Mentorship. The Mentorship Agreement should be forwarded with application for membership to the College of Physiotherapists of Manitoba (CPM).

APPLICANT

I, _____ agree to comply with the terms and conditions associated with mentorship practice.
(Name of the Physiotherapist under Mentorship)

I agree that I shall only practice as a member of the College of Physiotherapists of Manitoba holding an Examination Candidate registration with a Mentor(s) named in this agreement.

I agree to notify the College of any proposed changes to this Mentorship agreement prior to the change occurring.

I understand the terms and conditions imposed on my registration.

MENTOR

I, _____, CPM registration number _____ agree to be a Mentor to the above named applicant in accordance with the College policy and guidelines regarding Mentorship.
(Name of Mentor)

I agree that at the request of the applicant, I will be available to provide guidance and assistance in physiotherapy practice and encourage evidence-based practice.

I agree to notify the Physiotherapist under Mentorship and the College immediately if I am no longer able or willing to continue as a Mentor.

Mentor's Signature

Date

Applicant's Signature

Date