APPLICATION FORM ADJUNCT CLINICAL ASSOCIATE SCHOOL OF PHYSIOTHERAPY DALHOUSIE UNIVERSITY Application



SCHOOL OF PHYSIOTHERAPY

1. Complete, sign, and date this form.

2. Attach a curriculum vitae.

3. Submit application form and curriculum vitae to Jascinth Butterfield by email jbutterf@dal.ca or fax (902-494-1941) or mail to:

School of Physiotherapy (Attention re Adjunct Clinical Associate) Dalhousie University PO Box 15000 5869 University Avenue Halifax, NS B3H 4R2

PERSONAL INFORMATION		
Last Name:	First Name:	
Mailing Address:		
Practice Location Institution:	Province:	
Business Phone:	Home Phone:	
E-Mail:	Fax:	
PT License #:	CPA Member #:	
PT Degree:	University/Year:	
Other Degree:	University/Year:	
Other Degree:	University/Year:	
CONSENT Please check ($$) one box		
I do consent to having my name listed on School information materials.		
	name listed on School information materials.	

		VER PAST FOUR YEARS*
Year	Name of Student	Period of Supervision
	Must have been a Clinical Instru er the past four years OR	ictor for a minimum of 6 or more
		Education (CCCE) who has been nt placements on a consistent basis.
VOLUNTA	RY CONTRIBUTION TO PROFES	SIONAL DEVELOPMENT
	cate how you contribute actively ar ion of physiotherapy.	nd voluntarily to the development of
SIGNED C	OMMITMENT AS AN ADJUNCT (CLINICAL ASSOCIATE
	OMMITMENT AS AN ADJUNCT (d that an Adjunct Clinical Appointn	
l understan • To mainta Associate (nent requires me to: iteria for Clinical Adjunct ents, PT license to practice, CPA
l understan • To mainta Associate (membershi	d that an Adjunct Clinical Appointn in good standing in the eligibility cr i.e., Clinical supervision of PT stud p, voluntary contribution to the dev a liaison between the clinical comm	nent requires me to: iteria for Clinical Adjunct ents, PT license to practice, CPA velopment of physiotherapy)

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