PERSONAL DECLARATIONS FOR PHYSICAL THERAPY STUDENTS

FITNESS TO PRACTICE

I, _______________________________, have reviewed the Requisite skills and abilities for physical therapy students at the University of Alberta, and the accommodation of students with disabilities on clinical placement document on the Department of Physical Therapy website. If now, or at any time during my physical therapy program, I believe that I may have difficulty demonstrating one or more of the Requisite Skills and Abilities in a clinical placement it is my responsibility to provide the Academic Coordinator of Clinical Education and Specialized Support and Disability Services with notice that I may require accommodations. I understand that, optimally, such notice should be provided as soon as possible, but at a minimum, it should be provided no later than one term prior to the planned clinical placement. ____________INITIALS

POLICE INFORMATION CHECK

I _____________________________, acknowledge that if, during the course of my program, I am charged or convicted of a criminal offence, it is my obligation to inform the Associate Chair and Academic Coordinator of Clinical Education. I also acknowledge that conviction of a criminal offence may affect my ability to be placed in clinical sites in order to complete the requirements of the physical therapy program and my ability to be licensed as a physical therapist. ___________INITIALS

ACCOMMODATIONS

I _____________________________, acknowledge that if I ask for any accommodations in my physical therapy program, that such a request may lead to a lengthening of my program and a later graduation date. ___________INITIALS

Name: (print) _____________________________________
Signature: _________________________________
University of Alberta Student ID Number: _________________
Date: (year) _____ (month) _________ (day) ______

Please submit this completed form to the Clinical Education Assistant.

Adapted with kind permission from the Faculty of Nursing

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