

Request for Exemption from Peer and Practice Assessment

Background

Your ongoing participation in the Quality Assurance Program is a means by which the College and the public are assured that kinesiologists continue to maintain and enhance their knowledge, skills, and judgment to practice the profession safely, competently, and ethically. The Quality Assurance Regulation under the *Kinesiology Act, 2007* requires that every General Class registrant participate in peer and practice assessment (PPA). The PPA assesses kinesiologists' knowledge, skill, and judgement, based on the Essential Competencies of Practice for Kinesiologists in Ontario and the College's practice standards. The goal is to help kinesiologists identify areas of strength and opportunities for improvement within their practice.

Policy Statement

Certain circumstances may arise that will change whether a registrant is required to participate in PPA. Exemptions may be granted for the following reasons:

1. retirement within 12 months from the date of selection; and
2. serious personal injury or illness of the registrant.

Procedure for Exemption

Requests for exemption must be made to the College within 10 business days of receiving the selection letter.

Registrants who plan on resigning or retiring within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans.

Registrants **must** provide appropriate supporting documentation that is acceptable to the College (e.g., letter from a health care provider, letter from employer, etc.) if applicable.

Personal Information

Full Name: Click or tap here to enter text.

CKO Registration ID: Your ID #

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

- I acknowledge that I have been selected to participate in the College's Peer and Practice Assessment (PPA) as part of the Quality Assurance Program.
- I acknowledge that I am required to participate and fulfill the requirements of the PPA as part of my professional obligations for registration as a Kinesiologist in Ontario.

Reason for Exemption Request

Please email any supporting documents to the Quality Assurance Director (qualityassurance@coko.ca) along with this completed document.

Briefly described reason for exemption (limit to 100 words)

Click or tap here to enter text.

- I agree to notify the College immediately if my circumstances change and I will no longer be taking the action outlined above within the twelve (12) months following the date of this request.
- I acknowledge that should I no longer be taking the action outline above, I will be required to participate in the PPA at the earliest available opportunity as determined by the College.

I hereby declare that the information provided in this request is complete and accurate.

Registrant's Signature	
Date	