



UNIVERSITY OF ALBERTA
FACULTY OF REHABILITATION MEDICINE
 Department of Physical Therapy

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.