

Letter of reference for an applicant to the College of Kinesiologists of Ontario

This is a fillable form. Please complete it electronically, print and sign it.

Date: _____

Registration Department
College of Kinesiologists of Ontario
160 Bloor Street East, Suite 1402
Toronto, ON
M4W 1B9

In relation to an application for registration by _____

I provide this reference for _____ with the full belief that statements made herein and that I provide to the College are true and accurate. I understand that knowingly making a false or misleading statement to the College may constitute professional misconduct by the applicant, which may be dealt with by the College through disciplinary mechanisms available under *the Regulated Health Professions Act, 1991*.

I understand the scope of practice statement provided in the letter from the Registrar and have taken the opportunity to consider the Core Competency Profile provided to me which describes the competencies expected of a professional kinesiologist. Further, I understand that a practising kinesiologist may focus in one or more areas of the field of kinesiology and therefore it is not expected that in providing this reference that I have observed the applicant demonstrating each and every one of the competencies described in the Profile.

Section 1 REFeree CREDENTIALS

For regulated health professionals

- I am registered with the health regulatory body _____
- My registration number is _____
- Number of years registered with this body _____
- My current position is _____

OR

- I am self-employed and the name of my business is _____

For human resources department representatives

- The company with which I am employed is _____
- My job title is _____

For kinesiologists

- I have applied to the College of Kinesiologists of Ontario under the grandparenting provisions. Yes ☐ No ☐
- I have been informed that I qualify for membership in the College of Kinesiologists of Ontario under the grandparenting provisions. Yes ☐ No ☐
- I am a member in good standing with the College of Kinesiologists of Ontario. Yes ☐ No ☐
- My registration number is _____

For faculty members

- The educational institution where I am employed is _____
- My job title is _____
- I am knowledgeable about the applicant's academic (including research) and volunteer history at the respective university, and have reviewed the applicant's academic records and transcripts. Yes ☐ No ☐

For all referees

I may be contacted at the following telephone number: _____

Section 2

REFERENCE

1. I have known _____ in a professional capacity for a period of _____ years.

For each of the following, please indicate Yes or No by checking the appropriate boxes.

2. In this time I have had the opportunity to:

- Work alongside and observe his/her practice. Yes ☐ No ☐
- Refer clients or patients to the applicant for kinesiology services. Yes ☐ No ☐

Name of Applicant: _____

- Consider professional reports prepared by the applicant as part of their practice. Yes ☐ No ☐
 - Consider reports on the performance of the applicant, by supervisors and/ or other health care practitioners working with the applicant. Yes ☐ No ☐
 - Consider research in the field of kinesiology, conducted by the applicant. Yes ☐ No ☐
 - Understand the programme of study in courses taught by the applicant in a degree program in kinesiology. Yes ☐ No ☐
 - Observe his/her sole kinesiology practice as a professional colleague. Yes ☐ No ☐
3. To the best of my knowledge, the applicant has worked within the scope of practice during three separate years prior to April 1, 2013 and has probably accumulated 2000 hours of practice time within these three years. Yes ☐ No ☐
4. To the best of my knowledge, the applicant has worked within the scope of practice for 1500 hours during the three years prior to the date of this letter. Yes ☐ No ☐
5. To the best of my knowledge, the applicant has practised competently, ethically and without endangering the public. Yes ☐ No ☐
6. To the best of my knowledge, the applicant will competently discharge the responsibilities of a registered kinesiologist. Yes ☐ No ☐
7. Please describe any knowledge that you have related to the applicant's competency, or moral character which would potentially endanger the public.

Name of Applicant: _____

I would be prepared to discuss this reference further if contacted by the College.

Yours sincerely,

Signature: _____

Name (please print): _____

Name of Applicant: _____