

## 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: \_\_\_\_\_