



Canadian
Physiotherapy
Association

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CPA CLINICAL SPECIALTY PROGRAM CONFLICT OF INTEREST FORM

Listed below are your potential assessors for the CPA Clinical Specialty Program.

Please review the list and mark any conflicts of interest that you believe may affect the assessment of your submission by checking the box next to their name.

Please complete this form and return it CPA by email to specialization@physiotherapy.ca.

A conflict of interest may include spouses, employer/employee (current or former), family members, close friends, work colleagues, or teacher/student (current or former).

SESSION: _____
(e.g. Fall 2012, Spring 2013)

CANDIDATE ID: _____

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- Barbara Kelly
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- Geoff Schneider
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