

## QUALITY ASSURANCE PROGRAM ADVISORY GROUP APPLICATION

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Please complete and submit the following form via email to Alison Esser (CMTBC Manager, Practice Development and Support) at [alison.esser@cmtbc.ca](mailto:alison.esser@cmtbc.ca).

Completed forms must be received by **4:30 p.m. on January 3, 2023**.

### Registrant Information

Name: \_\_\_\_\_ RMT Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is your highest level of education? (Select one of the following.)

Diploma          Bachelors          Masters          PhD

How many years have you held practising status with the CMTBC? (Select one of the following.)

0-5 years          6-15 years          16 + years

CMTBC welcomes applications from all registrants, including but not limited to: Indigenous people, LGBTQ2S+, BIPOC persons, all religions and ethnicities, persons of all gender identities, persons with disabilities, and others who may contribute to the further diversification of ideas.

Should you identify as a member of one or more of the following groups and feel comfortable disclosing this information, please do so below. (Select all that apply.)

Indigenous          LGBTQ2S+          BIPOC persons          Persons with disabilities

Other: \_\_\_\_\_

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### About Your Practice

In which Health Authority region do you currently work? (Select all that apply)

Interior       Fraser       Vancouver Coastal       Vancouver Island       Northern

What role do you currently have as an RMT? (Select all that apply)

Clinical RMT (treating patients)       Clinic Owner       Administrator       Researcher  
 Educator (within a recognized school or post-graduate course)

If you currently work as a clinical RMT (treating patients), which of the following best describes your practice? (Select one of the following, if applicable.)

Solo Practice  
 Small group practice (Five or fewer practitioners share a clinic and work collegially)  
 Large group practice (More than five practitioners share a clinic and work collegially)

### Availability

Will you be available for up to two videoconference meetings between January - March 2023?

Yes       No

Do you have access to a computer, tablet or other device that will allow participation in a videoconference meeting?

Yes       No

CMTBC thanks all applicants for their interest in the Quality Assurance Program Advisory Group. Please note, if there is significant interest, not all RMTs who apply may be able to participate. Only those applicants selected to participate will be contacted.