

Montana Chapter APTA
PO Box 217 • Helena, MT 59624
406-442-4141 • 406-443-0563 fax • gailb@mt.net

Peer Reviewer Application

NAME _____ PHONE (Home) _____

HOME ADDRESS _____ PHONE (Work) _____

CITY _____ STATE _____ ZIP _____

PHYSICAL THERAPY SCHOOL ATTENDED

DATE OF GRADUATION _____ STATE REGISTRATION # _____

MEMBER OF THE APTA? _____ YES _____ NO

BRIEFLY DESCRIBE EDUCATION, WORK EXPERIENCE OR BACKGROUND AS IT RELATES TO QUALITY ASSURANCE (Quality Improvement Committee, Continuing Education, Hospital Com)

IN WHICH OF THE FOLLOWING AREAS OF CLINICAL PRACTICE DO YOU CONSIDER YOU HAVE EXPERTISE?

- _____ General / Acute - Number of beds- _____
- _____ Rehabilitation
- _____ Long Term Care
- _____ Outpatient / Ambulatory Care
- _____ Private Practice - Setting _____
- _____ Pediatric Clinic / Schools
- _____ Orthopedic / Sports Medicine
- _____ Occupational / Industrial Medicine
- _____ Home Health

COMMENTS:

IF SELECTED AS A REVIEWER, I WOULD BE WILLING TO SERVE FOR 3 YEARS

DATE

SIGNATURE

SOCIAL SECURITY # _____

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Peer Reviewer Agreement

As a member of the Montana Chapter of the American Physical Therapy Association Peer Review Process, I agree to abide by the following standards:

1. To utilize the process for self-assessment.
2. To upgrade my reviewer training on an annual basis, or as necessary.
3. To honor the confidentiality "Statement of Understanding".
4. To maintain my active membership in the MAPTA as long as I am a member of the Peer Review process.
5. To not enter into private or contract peer review outside the Association.
6. Completion of the training for peer Reviewers and participation as a Peer Reviewer are positive methods to continue the development of a Physical Therapist's understanding of application of Standards of Practice and in clinical decision making. However, participation and/or training as a Peer Reviewer does not exempt a Physical Therapist from peer review, or does it allow a Physical Therapist to infer that his or her clinical decisions meet clinical standards based solely on their status as a reviewer. This is consistent with Principle 6 of APTA Guide for Professional Conduct/Code of Ethics (6.2,C), that Physical Therapists provide accurate information in any form of communication about services provided.

STATEMENT OF UNDERSTANDING - CONFIDENTIALITY

I hereby acknowledge that I have read the Confidentiality Policy of the Peer Review committee and understand my responsibilities to hold information in confidence according to the CONFIDENTIALITY POLICY and PROCEDURES of the Montana Chapter APTA Practice Program. I further acknowledge that I understand that any person making an unauthorized disclosure will be guilty of a breach of ethics* and subject to review of the Montana Physical Board of Examiners and to the penalties of applicable State Statutes.**

Signature _____ Witness _____

Printed name _____ Printed name _____

Date _____ Title _____

* APTA Code of Ethics Principle
** Applicable State Statutes