



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

Assessor Letter of Identification

(Date)

Member participating in the Practice Assessment process

Clinic premises

Date & time of Assessment

Name of Assessor

Under the regulatory authority granted by the *Regulated Health Professions Act 1991*, the Registrar of the College of Chiropodists of Ontario confirms _____ (Assessor)

is the appointed Assessor who will complete the College's Practice Assessment Program in cooperation with

_____ (Member), a member in good standing with the College.

In order to expedite the process, your availability is requested. You will be asked to accompany the assessor around your clinic, to help identify specific items listed on the assessment tools pertaining to your physical work environment and administration.

Nicole Zwiers

Registrar, College of Chiropodists of Ontario