

The College of Physicians and Surgeons of Ontario Assessor Statement of Commitment

I, _____, agree to act in the role of assessor of the College of Physicians and Surgeons of Ontario (CPSO). I understand the time commitment required to conduct assessments, and agree to meet the specified timeframes to complete these assessments. I understand that I may be required to sign this commitment each time I accept an assessment.

I have signed the *CPSO Confidentiality and Representation Undertaking* and will abide by its provisions.

I received a copy of and have reviewed each of the following documents, and agree to abide by each of them:

- the *College Code of Conduct*;
- the *CPSO Privacy and Confidentiality: Best Practices* document; and
- the *CPSO Information Breach Protocol*; and
- the *Assessor Governance Framework*.

I further agree to abide by the terms of any other CPSO policy or document that relates to my work as an assessor as required by the CPSO.

I understand I will be compensated according to the rates established by the CPSO, including the hourly rate set annually by Council of the CPSO, and commit to arrange to travel by the most economical means available. I also understand that in acting as an assessor for CPSO, I am an independent contractor and not an employee of CPSO, and I will not hold myself out as being an employee of CPSO. I am not entitled to participate in, or receive any benefits or coverage under, any CPSO benefit plans or programs. I am solely responsible for all deductions and remittances (such as taxes) required to be made by law or otherwise relating to my role as an assessor.

I agree to consult with the appropriate CPSO staff if I have any concerns regarding the assessments I undertake. During the time period I am an assessor for the CPSO, I agree to immediately notify the appropriate CPSO staff if:

- I intend to retire or change my scope of practice, as this may impact my ability to be an assessor;
- I become the subject of a CPSO complaint or investigation; or
- I am arrested or charged with any offence; or
- I am selected to serve on a CPSO committee, acknowledging that I may not act as an assessor while I serve on the committee.

Assessor Signature: _____

Date: _____