

Examination and Item Writing Committees Application Form



This is a fillable form. Please type in the boxes. When you have completed the form, send it together with your **resume** or **CV** by email to registration@coko.ca. Please ensure your resume/CV includes your complete educational background and professional experience.

Committee of Interest: Examination Item Writing

Personal Information

First Name: Last Name:

Home Address:

Email: Telephone:

Language Proficiency:

<input type="checkbox"/>	Fluent English	<input type="checkbox"/>	Fluent French
<input type="checkbox"/>	Proficient English	<input type="checkbox"/>	Proficient French
<input type="checkbox"/>	Basic English	<input type="checkbox"/>	Basic French

Conflict of Interest

As part of CKO's commitment to maintaining transparency, integrity, and ethical stands, we require all applicants to undergo a conflict-of-interest screening. This helps us ensure that participants can perform their duties impartially and without personal bias. Please take a moment to answer the following screening questions honestly. You may submit an explanation separately for any 'yes' responses.

1. Do you or any immediate family members have any financial interests, investments, or ownership stakes in companies, organizations, or entities that may pose a conflict of interest with the goals and mission of the CKO and/or the Examination or Item Writing Committees? Yes No
2. Are you currently employed by or affiliated with any organization, institution, association, or entity that may compete with or have conflicting interests with the CKO? Yes No
3. Do you have any personal relationships or affiliations with individuals, vendors, or stakeholders that could influence your decision-making or actions as participant on either Committee? Yes No
4. Are there any other circumstances, relationships, or factors that you believe may constitute a conflict of interest or raise concerns regarding your ability to act on either Committee impartially and ethically? Yes No

Education & Experience

Years of Experience as a Kinesiologist:

Level of Kin.-Related Education:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Postgraduate Certificate/Diploma
	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Doctorate
	<input type="checkbox"/> Masters	<input type="checkbox"/> Other:
Areas of Practice:	<input type="checkbox"/> Clinical Practice	<input type="checkbox"/> Administrative
	<input type="checkbox"/> Public Health	<input type="checkbox"/> Consultation
	<input type="checkbox"/> Research	<input type="checkbox"/> Other
Professional Role:	<input type="checkbox"/> Practitioner	<input type="checkbox"/> Researcher
	<input type="checkbox"/> Educator	<input type="checkbox"/> Other:
	<input type="checkbox"/> Consultant	
Practice Focus:	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Disability Management
	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Exercise Management
	<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Occupational Kinesiology
	<input type="checkbox"/> Special Testing	<input type="checkbox"/> Other
Services Provided:	<input type="checkbox"/> Assessment	<input type="checkbox"/> Case Management
	<input type="checkbox"/> Coaching	<input type="checkbox"/> Program Design/Work Design
	<input type="checkbox"/> Counseling	<input type="checkbox"/> Supervision
	<input type="checkbox"/> Consulting	<input type="checkbox"/> Other:

The following information will be used by the College to ensure project participants generally represent the diversity of the profession. Providing this information is **voluntary**, and it will not be released or used for any other purpose.

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Not Listed:
	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Non-binary	<input type="checkbox"/>

Ethnicity/Race	<input type="checkbox"/> Black (e.g., African, Afro-Caribbean, Africa-Canadian descent)
	<input type="checkbox"/> East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent)
	<input type="checkbox"/> Latino (e.g., Latin American, Hispanic Descent)
	<input type="checkbox"/> Middle Eastern (e.g., Arab, Persian, Afghan, Iranian, Lebanese, Turkish descent)
	<input type="checkbox"/> South Asian (e.g., Indian, Pakistani, Bangladeshi, Sri Lankan descent)
	<input type="checkbox"/> Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian decent)
	<input type="checkbox"/> White (e.g. European descent)
	<input type="checkbox"/> Not Listed:
	<input type="checkbox"/> Prefer not to say

Consent

By submitting this application, I give my consent for my name and/or photograph to be used in communications (e.g., website, newsletters) acknowledging my work in relation to the development of the exam.

.....
Signature

(Your typed name is sufficient)

.....
Date

Thank You for Your Interest!