

# CKO Acknowledgement Form

I understand Options Incorporated (OI) sought professional advice and completed a detailed risk assessment related to the College of Kinesiologists of Ontario (CKO) and the R.Kin designation. Regrettably, OI cannot support any organizational ties to the CKO at this time due to the identified risks outlined below.

I am aware the fundamental difference in scope between the CKO "PATIENT" emphasis verses the Canadian College for the Certification of Professional Ergonomists (CCCPE) "SYSTEM" focus.

An R.Kin is considered a Health Practitioner in Ontario and governed by the *Regulated Health Professions Act, 1991* under the Ministry of Health and therefore legally required to consider "PATIENT" well being, right to self-determination, and empowerment to participate in "TREATMENT" decisions. Additionally, the *Employment Standards Act, 2000* outlines special rules and exemptions for health professionals in whom the exercise of certain entitlements would constitute an act of professional misconduct or a dereliction of professional duty.

I understand OI does not treat patients, provide Kinesiology services, nor agreed to uphold the CKO Principles of Ethical Conduct. As an ergonomic consulting company, OI is liable and legally accountable to uphold the national and internationally recognized professional standards established by the CCCPE. The Associate Ergonomist (AE) and Canadian Certified Professional Ergonomist (CCPE) professional designations represent OI's responsibilities and obligations to act in the interest of the "CLIENT" within the limits of our "CONTRACTS". OI's professional credibility, liability, and protection are directly tied to the CCCPE Code of Ethics.

As a CKO member, I agree to not use the title Kinesiologist, display associated titles or designation, and/or establish organizational ties while representing OI. Furthermore, to limit professional liabilities I agree not to complete (nor supervise if a CCPE) job matches, job/technique coaching, and/or provide any return to work related support.

Lastly, I understand OI will be unable to intervene or protect myself if a challenge is initiated under the Provincial Ministry of Health, Health Practitioner regulations within the Health Professions Act.

By signing this acknowledgement form, I have read, understand, and agree to comply with the conditions set forth herein.

Please sign and return this form to the Administrative Manager to maintain on file.

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Name (please print)

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Signature

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Date