



OPERATING ROOM NURSES ASSOCIATION OF CANADA

OPERATING POLICY MANUAL

Title	Perioperative Education Programs Program Review and Approval Process: Voluntary Reviewer Confidentiality Agreement
Number	TBD
Source	Executive & Board; Perioperative Education Committee
Date Revised	December 2020
Date Effective	1998

PERIOPERATIVE PROGRAMS FOR REGISTERED NURSES Confidentiality Agreement

I, (full legal name) _____

hereby agree to act as a voluntary external reviewer for the Operating Room Nurses Association of Canada (ORNAC).

- I agree to keep confidential all matters pertaining to the review of the perioperative educational program I am requested to review.
- I will not disclose any information revealed in applications, nor will I use or disclose such information in any manner without obtaining appropriate permission from both the applicant and from ORNAC.
- I agree to return all materials received for review and agree not to copy any materials in my possession.
- I am associated with (program name) _____
- I am including a copy of my curriculum vitae for your records.

Address _____

City, Province _____ Postal Code _____

Telephone _____ Ext _____ Fax _____

Email _____

Signature _____ Date _____

Witness Name _____

Witness Signature _____ Date _____