



## OPERATING ROOM NURSES ASSOCIATION OF CANADA

### RULES & REGULATIONS MANUAL

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<b>Title</b>	Perioperative Education Programs Program Review and Approval Process: Voluntary Reviewer Confidentiality Agreement
<b>Number</b>	402
<b>Source</b>	Executive & Board; Perioperative Education Committee
<b>Date Revised</b>	January 2011
<b>Date Effective</b>	1998

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#### 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 \_\_\_\_\_