



Applicants currently providing, or planning to provide, psychological services in British Columbia during the application period agree to arrange to have a Registered Psychologist supervise their provision of psychological services while they are an applicant for registration. Supervisors and applicants must complete, sign and date their respective parts of the form. The form must be submitted as part of the applicant's registration application.

If changes are made to a supervision plan or if new supervision is undertaken, a new form is required.

N.B. This form does not obviate the signing of other contracts or agreements by the applicant or supervisor as may be necessary for other purposes such as employment or payment for services.

### **PART I: SECTION TO BE COMPLETED BY SUPERVISOR**

Name of applicant: \_\_\_\_\_

Name of supervisor / Reg number: \_\_\_\_\_

Location of practice (name and address of agency or organization where applicant's practice occurs):

Location of supervisor (name and address of agency or organization where supervisor works):

Description of applicant's supervised professional practice:

Number of hours of practice per week: \_\_\_\_\_

Ratio of direct client contact hours to supervision hours: \_\_\_\_\_

**Supervisor’s Declaration**

- I have the requisite education, training, and experience to offer supervision services.
- I have the requisite education, training, and experience to supervise the content area and activities described in this plan.
- I have reviewed the education, training, and experience of my supervisee, considered the responsibilities that my supervisee is able to perform competently on the basis of their education, training, or experience with the level of supervision I am providing, and will ensure that there is an appropriate match between the responsibilities and the level of supervision I offer.
- I will maintain awareness of the quality of the services my supervisee is providing to the service recipients to ensure they are meeting *Code of Conduct* requirements.
- I will maintain awareness of all services my supervisee provides and will ensure that I am fully informed of the status of the work being done under my supervision.
- I will create and maintain supervisory records in accordance with *Code of Conduct* requirements.
- Informed consent procedures with potential clients will include all relevant information relating to the supervised nature of the services being offered, including my professional responsibility and legal accountability for those services.
- I will ensure clients and third-party payers are informed of my name, status, and responsibility for the services being provided by my supervisee.

Name of Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART II: SECTION TO BE COMPLETED BY APPLICANT**

**Applicant’s Declaration**

- I have the requisite education, training, and experience to offer the services described in this plan under my supervisor’s supervision.
- I understand that my supervisor bears professional responsibility and legal accountability for the services I provide, but that this does not excuse me from or displace my personal responsibility to comply with my own duty of care or any other applicable legal duties owed to clients or other parties; nor does it shield me from potential legal liability for breach of such duties.
- I agree to ensure that my supervisor is aware of all services I provide under their supervision.
- I agree to inform my supervisor of any urgent clinical matters that may arise in the course of my supervised practice so that they can provide appropriate direction and guidance.
- I agree to inform my supervisor of any circumstances that might impact my eligibility for registration.
- I understand that my supervised professional services must be provided in a manner that is consistent with *Code of Conduct* standards and other applicable laws in BC.
- I agree to ensure that clients and third-party payers are informed of my status as a supervisee, the fact that I have applied for but have not yet been granted registration with the College, and my supervisor’s professional responsibility and legal accountability for the services I provide.
- I understand that if I fail to comply with any of the requirements in this declaration, the College’s Registration Committee may consider that failure when evaluating my good character and fitness to practise, and that this may affect my eligibility for registration with the College.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_