



SUPERVISION AGREEMENT

for Provisional licensees

Licensees in the Provisional class must work under the supervision of a College-approved Full licensee in the same profession. The Supervision Agreement for Provisional licensees establishes appropriate supervision expectations between a Provisional licensee who wishes to pursue employment and the Full licensee who will be their supervisor.

This Agreement must be approved by the College prior to the Provisional licensee starting work.

SECTION A: Details of the supervision arrangement

To be completed by the applicant for Provisional licensure and their proposed supervisor

Applicant name _____

Supervisor name _____ **Licence #** _____

Anticipated dates for supervision Start _____ End _____

Employer/organization _____

Work address _____ **City** _____

Province _____ Postal code _____ Country _____

SECTION B: Responsibilities of the Provisional licensee

To be completed by the applicant for Provisional licensure

- I will abide by the Ethics and Practice Standards.
- I will ensure that my supervisor is aware of all services I provide under their supervision and will seek their advice as necessary and will follow their guidance.
- I will cooperate with my supervisor and provide them with access to all clinical records and, if applicable, billings that I render. If for any reason my supervisor cannot provide supervision, I will notify the College immediately and provide the name of another Full licensee who is willing to supervise me.
- In the event that my supervisor is away for a period greater than three weeks, I will ensure that another Full licensee is available to carry out the terms of this agreement. I will first obtain approval from the College for another Full licensee to act as a supervisor.
- I am aware that this Supervision Agreement must be in place until I am granted Full licensure by the College or until my Provisional licence is cancelled or expires.
- I understand my responsibilities as the Provisional licensee in this agreement.

Signature _____ **Date** _____



SECTION C: Responsibilities of the supervisor

To be completed by the proposed supervisor

- I will supervise the Provisional licensee listed above in accordance with the Ethics and Practice Standards.
- I will ensure that I have proper professional liability insurance in place if the supervision is not covered by my employer's professional liability insurance.
- I will notify the College immediately if the Provisional licensee is not compliant with the supervision requirements.
- I understand that the Provisional licensee has not met the specific eligibility standards referred to in Bylaw 6.3(a)(i).
- I have reviewed or will review the education, training, and experience of my supervisee, and will ensure that there is an appropriate match between the responsibilities of the supervisee and the level of supervision I offer. When I am not physically present, I will be available for consultation via telephone or internet.
- I will provide reasonable notification to the Provisional licensee if I will be away for a period greater than three weeks.
- In the event that I have concerns regarding the Provisional licensee's competence to practise, I will report my concerns immediately to the College.
- I understand my responsibilities as the supervisor in this agreement.

Signature _____

Date _____

Submit the completed Supervision Agreement to the College at registration@chcpbc.org