



COLLEGE OF PSYCHOLOGISTS OF NEW BRUNSWICK /  
COLLÈGE DES PSYCHOLOGUES DU NOUVEAU-BRUNSWICK  
**236 St. George Street, Suite 435, Moncton, New Brunswick E1C 1W1**  
Telephone (506) 382-1994 Fax: (506) 857-9813 E-mail: [admin@cpnb.ca](mailto:admin@cpnb.ca)

### **Supervisor's Agreement**

REGARDING SUPERVISION OF: \_\_\_\_\_

I understand that the person named above is an Interim member of the College of Psychologists of New Brunswick, and I am prepared to act in the capacity of supervising psychologist during the period designated by the Registration Committee.

I am prepared to supervise and appraise the candidate in accordance with the responsibilities of supervising psychologist as outlined in Section VIII of the Guidelines for Licensing.

I agree to accept professional and tutorial responsibility for the candidate as an Interim member and will review the work of the applicant on a regular basis, according to Section VI of the Guidelines for Licensing, during the period of Interim membership. I also agree to supply the Registration Committee with an evaluation of the candidate's progress every six (6) months of the supervisory period.

I agree to inform the Registration Committee and the candidate immediately if, for any reason, it is necessary for me to withdraw from the contracted obligations, which I hereby undertake.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

Organization or Institution: \_\_\_\_\_

Address: \_\_\_\_\_

New Brunswick License Certificate Number: \_\_\_\_\_

License Number from Other Province or State: \_\_\_\_\_

Date Supervision Commenced: \_\_\_\_\_ (dd/mm/yy)