



**COLLEGE OF PSYCHOLOGISTS OF NEW BRUNSWICK /
COLLÈGE DES PSYCHOLOGUES DU NOUVEAU-BRUNSWICK**
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Supervisee's Agreement

NAME OF SUPERVISOR: _____

- (1) I agree to accept supervision from the above-named supervising psychologist and I am prepared to accept responsibility for attending supervisory meetings with this supervisor in accordance with Section VI of the Guidelines for Licensing. I will comply with the responsibilities of the supervisee as outlined in Section VIII of the Guidelines for Licensing.
- (2) I agree to inform the Registration Committee and my supervisor of any change in my work setting or job assignment.
- (3) I give consent to the Registration Committee to send a carbon copy to my supervisor of all communications concerning my status as a member.

Your Name (please print): _____

Signature: _____ Date: _____ (dd/mm/yy)

Organization or Institution at which supervision will be provided: _____

Address: _____

Date Supervision Commenced: _____ (dd/mm/yy)