



**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 Rule 1.04.06 Amount of Supervisory Contact. I will comply with the responsibilities of the supervisee as outlined in Rule 1.04.08 Role of the Supervisee.
- (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)