



COLLEGE OF PSYCHOLOGISTS OF NEW BRUNSWICK /
COLLÈGE DES PSYCHOLOGUES DU NOUVEAU-BRUNSWICK
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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 Rule 1.04.05 Role of the Supervisor.

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 Rule 1.04.06 Amount of Supervisory Contact, 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)