



**Nova Scotia Regulator of
Psychology**

nsbep@nsbep.org www.nsbep.org
Tel: (902) 423-2238 Fax: (902) 423-0058

Mailing and Courier Address:
103-287 Lacewood Dr., Suite 331 Halifax, NS B3M 3Y7

CONSENT FOR EXCHANGE OF INFORMATION BETWEEN FORMER & NEW NSRP SUPERVISOR

This is to confirm I give my former and new NSRP Supervisor permission to exchange information with respect to my supervision as required by the terms of my placement on the Candidate Register.

I understand this exchange of information is limited to issues directly related to my supervision and will be documented in my supervision report.

SIGNATURE: _____

NAME OF FORMER SUPERVISOR _____

NAME OF NEW SUPERVISOR _____

DATE: _____

**Submit preferably by email to nsbep@nsbep.org
Fax 902-423-0058 ▪ Mail/Courier: 103-287 Lacewood Dr., Suite 331, Halifax NS
B3M 3Y7**