



**Nova Scotia Regulator of
Psychology**

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

CONSENT FOR EXCHANGE OF INFORMATION BETWEEN NSRP & NSRP SUPERVISOR

This is to confirm that I understand that the Nova Scotia Regulator of Psychology may exchange information with the psychologist who is providing me with 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 candidacy.

SIGNATURE: _____

NAME OF 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**