

SUPERVISOR'S CONSENT FORM

I, _____, am applying for registration under the *Regulated Health Professions Act (RHPA)* of Nova Scotia. I am required by the Nova Scotia Regulator of Psychology (NSRP) to be supervised for a period of time required by NSRP Policy and in accordance with RHPA and the Psychology Regulations. My supervisor must be a registered psychologist qualified in my area(s) of practice and acceptable to the NSRP.

Supervision requirements include a minimum of 2 hours monthly of face-to-face individual contact to address the professional goals of the supervisee.

I. PROPOSED SUPERVISOR

Name and address:

Highest degree and profession:

Area(s) of practice & expertise:

Business phone #: _____

Please give full details of your registration, certification, or license as a psychologist below:

Name(s) of agency or psychology regulatory body: _____

License or certificate number: _____

Date(s) of original license or certificate: _____.

Licensed status in: _____ Is the license current: yes ___ no ___.

NSRP requires an updated curriculum vitae from all proposed supervisors, and it must be enclosed with this Consent Form. **Please indicate if CV is enclosed. Yes ___ No ___.**

II. PAYMENT FOR SUPERVISION

There is no rule prohibiting payment of supervisors, but it is not considered typical practice.

Will a fee be charged for supervision? Yes ___ No ___ If yes, indicate amount per hour: \$ _____

III. CONFLICT OF INTEREST

To avoid any conflict of interest or perceived conflict of interest, the supervisor(s) chosen should not have a significant personal or financial relationship with the supervisee. Registrants are not permitted to have their employer or workplace supervisor act as their NSRP supervisor.

I, _____, agree to supervise _____ for ___ years. We have discussed the conflict of interest clause and agree that we will immediately inform the NSRP of personal or financial relationships that constitute conflict of interest or give the appearance of such.

Applicant's Signature

Proposed Supervisor's Signature

Date