



**Nova Scotia
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in Psychology**

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**CONSENT FOR EXCHANGE OF INFORMATION
BETWEEN FORMER & NEW NSBEP SUPERVISOR**

This is to confirm I give my former and new NSBEP 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: _____