



**Nova Scotia
Board of Examiners
in Psychology**

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CONSENT for EXCHANGE of INFORMATION

This is to confirm I give the Nova Scotia Board of Examiners in Psychology permission to 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: _____