

## SUPERVISOR'S CONSENT FORM

I, \_\_\_\_\_, am applying for registration under the *Psychologists Act (2000)* of Nova Scotia. I am required by the Nova Scotia Board of Examiners in Psychology (NSBEP) to be supervised for a period of time required by the Psychologists Act and/or Board Policy. My supervisor must be a registered psychologist qualified in my area(s) of practice and acceptable to the Board.

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 board: \_\_\_\_\_ License or certificate number:

\_\_\_\_\_ Date(s) of original license or certificate: \_\_\_\_\_ Licensed,

certified, or diplomate status in: \_\_\_\_\_ Is the certificate or license current: yes \_\_\_

no \_\_\_.

NSBEP 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 NSBEP supervisor.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Proposed Supervisor's Signature

\_\_\_\_\_  
Date

**Nova Scotia Board of Examiners in Psychology**  
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