**Nova Scotia Board of Examiners in Psychology**

455 – 5991 Spring Garden Road, Halifax, NS B3H 1Y6

**Phone: 902-423-2238 Fax: 902-423-0058**

**www.**[**nsbep**](http://www.nsbep.org/)**.org**

**Supervisor’s Regular Report for Monthly Reporting
For Supervision of Registered Psychologists**

**PLEASE TYPE IN THE BOXES THROUGHOUT THIS FORM**

Cells can be expanded as necessary to accommodate your information

|  |  |
| --- | --- |
| **Name of Supervisee** | **Registration Number of Supervisee** |
|  |  |
| **Name of Supervisor** | **Registration Number of Supervisor** |
|  |  |
| **Month Reported** | **Due Date** |
|  |  |

The Supervisor’s Regular Report is to be authored by the Supervisor and intended to provide the Board with information about the registrant’s progress in completing the requirements outlined by the Board, which is provided in letter format to the Supervisor.

**Section 1:**

|  |  |
| --- | --- |
| **Date of meeting(s):** | **Duration of meeting(s)** |
|  |  |

**List the Topics Discussed**

|  |
| --- |
|  |

**Describe the Focus and Content of the Supervisory Meeting:**

|  |
| --- |
|  |

**Section 2: General questions:**

**This report covers the period of**

|  |  |
| --- | --- |
| Start Date | End Date |
|  |  |

|  |  |
| --- | --- |
| Was supervision interrupted at any time during this period? If so, please explain: |  |

|  |  |
| --- | --- |
| Name of Primary Employer | Hours worked in the period reported  |
|  |  |
|  |  |
| Name of Secondary Employer (if Applicable) | Hours worked in the period reported |
|  |  |
|  |  |

**PLEASE TYPE YES OR NO AND PROVIDE COMMENTS WHERE APPLICABLE**

|  |  |
| --- | --- |
| Has the Registrant’s employment status changed since the report? If YES, please note the change below and how it impacts on supervision. |  |
|  |
| Should the Goals of Supervision be changed? If YES, please outline the suggested changes below. |  |
|  |
| Is there a lack of progress toward any of the Goals of Supervision?If YES, please explain below. |  |
|  |
| Has the Registrant experienced any ethical dilemmas during this supervisory period?If YES, please explain (below): A. the dilemma and B. how it was resolved |  |
|  |
| Were any supervision problems experienced during this supervisory period?If YES, please explain (below): A. the issues and B. how they were resolved C. If unable to meet for the required 2 hours in a particular month, please describe how you have rectified this issue?  |  |
|  |

**PLEASE REVIEW THE BELOW INFORMATION FOR SUBMITTING THIS REPORT TO THE BOARD OFFICE:**

* You are free to send any supervision documentation by email using the process entitled “Electronic Submission of Supervision Documentation”
* If instead, your documentation is sent by fax or regular mail, there is a statement that must be signed by the supervisor and supervisee which appears at the bottom of the last page of this form. This statement only needs to be signed if the reports are sent by fax or regular mail.

**ELECTRONIC SUBMISSION OF SUPERVISION DOCUMENTATION**

Whenever supervision forms are emailed to the office, both the Supervisor and Supervisee must separately email a declaration to the Board office. This is to validate the information.

The necessary declarations are provided below for reference purposes; ultimately however, the declarations need to be placed into the body of an email and sent to the Board office.

**Please note: All of the below steps must be followed for an electronic version to be valid. If the information is not validated, then credit cannot be provided to the supervisee. All of the steps are detailed below.**

***Electronic Submission Process***

1. The Supervisor must send the Report, as an attachment, to the following NSBEP email address: nsbep@nsbep.org
2. The email should be sent from the Supervisor’s own email address, and the declaration (listed below) must be copied into the body of the Supervisor’s email to which the Report is attached:

**Electronic Declaration for the Supervisor**

I have completed all sections of Supervision Report for **[Insert Supervisee’s Name]** covering the month of **[Insert Month, Year]**.

This Report accurately represents the nature and content of supervisory sessions held during the period it covers.

All sections of the Report have been reviewed and discussed by the undersigned with the supervisee.

I agree that the version of the Report transmitted by email to NSBEP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

**[Supervisor types name here]**

1. Once the above declaration is pasted into the body of the Supervisor’s email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the Board office;
2. The supervisee should be copied on the email from the Supervisor;
3. The Supervisee must also send an email to the following NSBEP email address: nsbep@nsbep.org
4. The email from the Supervisee must be sent from the Supervisee’s own email address, and include the below declaration in the body of the email:

**Electronic Declaration for the Supervisee**

I have completely reviewed my Supervision Report covering the month of **[Insert Month, Year]**.

This Report accurately represents the nature and content of supervisory sessions held during the period it covers.

All sections of the report have been reviewed and discussed by the undersigned with my supervisor(s).

I agree that the version of the Report transmitted by email to NSBEP is the one referenced in this declaration.

By typing my name below, I agree that the above statements are true.

**[Supervisee types name here]**

1. Once the above declaration is pasted into the body of the Supervisee’s email, the content of the declaration is simply edited to make it reflect the actual information being emailed to the Board office.

**PLEASE COMPLETE THE FIELDS BELOW IF IT IS NECESSARY TO SEND REPORTS BY FAX OR REGULAR MAIL**

|  |
| --- |
| **NOTE: YOU ONLY NEED TO COMPLETE THE BELOW SECTION IF THE REPORT IS BEING SENT BY FAX OR REGULAR MAIL.**By signing below, the Supervisee and Supervisor acknowledge that the Report accurately represents the nature and content of supervisory sessions held during the period it covers. This report has been reviewed and discussed by the undersigned. **Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****As noted, you may fax the Report (423-0058) or, if necessary, send it by regular mail. However please use only one method to send your information.** |