

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

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