



# EXTENSION OF SUPERVISED PRACTICE CERTIFICATE REQUEST FORM

## SUPERVISED PRACTICE MEMBER INFORMATION

Name of Supervised Practice Member:

Supervised Practice Number:

Current Expiry Date of SP Certificate:

Reason for extension request:

### Name of Supervisors

Primary Supervisor:

Alternate Supervisor(s):

*(Please enclose a completed and signed supervisor's agreement form(s) if changing or adding a new supervisor)*

## CONFIRMATION OF SUPERVISED PRACTICE SETTING:

☐ Same as previously established work setting ☐ This is a new work setting

Title or Position:

Position Start Date:

Organization or Institution Name:

Describe your  
duties in this  
setting:

Describe type  
of clients you  
will see in this  
setting:

[ ] Full Time

[ ] Part Time

Number of Hours  
worked per week:

Supervisor(s) Name:

*(Please enclose signed Confirmation of Private Practice Arrangements form if new work setting is in a private practice)*

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**ADDITIONAL SUPERVISED PRACTICE SETTING:**

☐ Same as previously established work setting      ☐ This is a new work setting

Title or Position:

Position Start Date:

Organization or Institution Name:

Describe your  
duties in this  
setting:

Describe type  
of clients you  
will see in this  
setting:

[ ] Full Time

[ ] Part Time

Number of Hours  
worked per week:

Supervisor(s) Name:

*(Please enclose signed Confirmation of Private Practice Arrangements form if new work setting is in a private practice)*

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Supervised practice certificates are not automatically extended. Your request should be submitted to the College at least 30 days in advance of the expiry date of your current supervised practice certificate. All requests are reviewed by the College's Registrar.

Signature of Supervised Practice Member

Date