



ALTERNATE SUPERVISOR'S AGREEMENT

SUBMITTED TO THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

Name of Supervised Practice Applicant: [Redacted]

Name of Alternate Supervisor: [Redacted]

SUPERVISOR'S AGREEMENT (must be completed by the Supervisor):

Check boxes to agree

- I agree to act as Alternate Supervisor for this Applicant during the period authorized by the College.
- I have read and understand **Principle 4. of the College's Standards of Professional Conduct (2017)** outlining the standards for supervision that members of the College are required to follow.
- I have read and understand the **Duties and Responsibilities of Supervisors and Supervised Members** outlined in the **College's Registration Guidelines: Supervised Practice**, and I agree to supervise and evaluate this Applicant in accordance with the responsibilities of the Alternate Supervisor.
- I acknowledge that I do not have a conflict of interest based on a personal or other relationship, that could influence my objectivity in the supervision and evaluation of this Applicant.
- I am able to, and agree to, accept responsibility for the quality of this Applicant's supervised work, and to meet to review the work with the Applicant for a minimum of 2 hours/month, for the duration of the period of authorized supervised practice.
- I agree to provide the College with an evaluation of this Applicant every six months to the end of the period of authorized supervised practice, using the forms provided by the College.
- I have reviewed and agree with the *Declaration of Competence* completed by the Applicant.
- I agree to inform the College and this Applicant immediately of any circumstance affecting my ability to perform any of these supervisory obligations.

I confirm that supervision of this Applicant began on, or will begin on, (Date): [Redacted]

Supervision will take place at (specify employment setting(s)): [Redacted]

Signature of Alternate Supervisor: [Redacted] Signed on (Date): [Redacted]

Name of Primary Supervisor: [Redacted]

APPLICANT'S ACKNOWLEDGMENT (must be completed by the Applicant):

- I acknowledge receipt of a copy of this agreement and agree to comply with the requirements stated in the College's *Registration Guidelines* during my period of authorized supervised practice.
- I acknowledge that any information relevant to the process of supervision may be exchanged between my supervisors, and between my supervisors and the College.

Signature of Applicant: [Redacted] Signed on (Date): [Redacted]

THE APPLICANT AND SUPERVISOR MUST KEEP A COPY OF THIS AGREEMENT FOR THEIR RECORDS

(Are all boxes checked?)