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## SUPERVISOR'S AGREEMENT - ABA

SUBMITTED TO THE COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO: [cpbao@cpbao.ca](mailto:cpbao@cpbao.ca)

Name of Supervised Practice Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

- I agree to act as 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 (2024)** outlining the standards for supervision that registrants 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 Behaviour Analyst**, and I agree to supervise and evaluate this Applicant in accordance with the responsibilities of the 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 every 2 weeks (4 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 three months to the end of the period of authorized supervised practice, using the forms provided by the College.
- 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): \_\_\_\_\_

Supervision will take place at (specify employment setting(s)): \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signed on (Date): \_\_\_\_\_

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### CONFIRMATION OF PRIVATE PRACTICE ARRANGEMENTS (must be completed by the Supervisor):

Please complete the Attestation below only if the Applicant's work will take place in a private practice setting.

We confirm that in the practice of \_\_\_\_\_:

1. The setting provides such diversity in clientele and practice activities as will prepare the supervised registrant adequately for autonomous practice;
2. It is made clear to clients from the outset of provision of service, to third party insurers, and in all public announcements, that services are being provided by a supervised registrant; the identity of the supervisor must be provided in each of these instances;

3. Clients are advised that meetings between the clients and the supervisor may occur at the request of the client, the supervisor, or the supervised registrant;
4. All formal reports and communications are co-signed by the supervisor;
5. Billing of clients, and the collection of client fees, are carried out in the name of the supervisor. Such billing includes a statement of the supervisory relationship, the identifies of the supervisor and the supervised registrant, and the address and telephone number of the supervisor;
6. Where a private practice takes place at more than one site, the supervisor and the supervisee should work at the same site for the majority of the time.

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**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: Supervised Practice Behaviour Analyst* during my period of authorized supervised practice.
- I acknowledge that any information relevant to the process of supervision may be exchanged between my supervisor, and between my supervisor and the College.

Signature of Applicant:

Signed on (Date):

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

*(Are all boxes checked?)*