

110 Eglinton Avenue West, Suite 500 Toronto, Ontario, Canada M4R 1A3 T: 416.961.8817 1.800.489.8388 F: 416.961.2635 www.cpbao.ca

POST-MASTER'S WORK CONFIRMATION FORM - Psychology

Supervisor's must complete this form and submit directly to the College by e-mail, fax, or mail.

Name of Candidate:

Name & Profession of Supervisor:

Supervisor's Regulatory Board:

Candidate's Job Title:

Organization Name:

Candidate's Responsibilities:

Start Date:

End Date:

Total Hours Completed:

Additional Comments (Optional):

Supervisor Signature Signed on - Date: