



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)

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)

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