



Substantiating Supervisor Membership Application

S3.1

Applicant Name: _____ Date: ____/____/____

As the **clinical supervisor, mentor, peer, or employer** with direct knowledge of the above member's clinical experience, I attest that the information provided below is true and accurate.

Name: _____ Authorized Signature: _____

Supervisor Requirements*	Comments	TOTAL
I have at least 8 years of active clinical practice within the past 10 years _____ (initial)		
Clinical Supervision Hours: 250 hours required (for definitions, see www.cpcarpc.ca/clinical-supervision~.aspx)		
	TOTAL Clinical Supervision hours	
Direct Clinical Contact: 750 hours required		
	TOTAL Direct Client Contact hours	
Clinical Practice Hours: 250 hours (all activities must be related directly to client services)		
	TOTAL Clinical Practice hours	
Supervisory Experience: 100 hours required		
Interns		
Agency responsibility (position role)		
Practicum students		
Peers		
Group		
Skill-building workshops		
Practice Director/Supervisor		
	TOTAL Supervisory hours	
Clinical Supervision Education – 30 hours coursework specific to supervision		
	TOTAL Education hours	

*Documentary proof must be provided for each criterion