



Appendix C: Receiving Supervision of Supervision

Canadian Clinical Supervisor

This form can be used by new applicants, if the supervision course taken does not provide the opportunity for viewing and evaluation of clinical supervision. The applicant can make up for this gap by providing documentation that they received at least 2 hours of supervision of supervision from a qualified clinical supervisor.

*** Incomplete Forms Will Not Be Processed ***

I have received supervision from a qualified*, reputable clinical supervisor.

I. Clinical Supervisor Information

Name of Clinical Supervisor:

Contact Information:

II. Summary of Supervision of Supervision

Education / Degree:

Professional Designations / Degree:

Years of practice as a clinical supervisor:

Date	Type of Supervision (direct observation, video review, feedback/critical analysis/reflection)	# of Hours
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Summary of feedback from Clinical Supervisor:

Any steps taken as a result of this feedback:

Signature of Applicant:

Signature of Clinical Supervisor:

*Qualified clinical supervisor for this documentation refers to a clinical supervisor who:

- has a minimum of five (5) years of experience as a clinical supervisor
- is a certified/designated clinical supervisor from a professional/regulatory body related to counselling and psychotherapy (e.g. CCS, CAMFT, RCC-ACS, CPCS, etc.)

Please submit this form to certification@ccpa-accp.ca