



## Receiving Supervision of Supervision (CCS)

### (Appendix B)

*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 for this gap by providing documentation that they received at least 2 hours of supervision of supervision from a qualified clinical supervisor*

#### 1. Applicant Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CCPA Member # (if applicable): \_\_\_\_\_

#### 2. Clinical Supervisor Information

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Name of supervisor of supervisor: \_\_\_\_\_

Contact Information (phone number and/or email): \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Degree Major/Specialization: \_\_\_\_\_

University/institute: \_\_\_\_\_

List your professional memberships / designations at the time you supervised the applicant (no acronyms please):

Year of practice as a clinical supervisor: \_\_\_\_\_

**CCS SUPERVISION LOG**

<b>Date</b>	<b>Type(s) of Supervision Provided</b>	
	Case consultation	Live Supervision
	Direct supervision	Review of recorded sessions
	Co-counselling/Co-facilitating	Supervision of supervision
	Structured Peer Supervision	Other _____
	Case consultation	Live Supervision
	Direct supervision	Review of recorded sessions
	Co-counselling/Co-facilitating	Supervision of supervision
	Structured Peer Supervision	Other _____
	Case consultation	Live Supervision
	Direct supervision	Review of recorded sessions
	Co-counselling/Co-facilitating	Supervision of supervision
	Structured Peer Supervision	Other _____
	Case consultation	Live Supervision
	Direct supervision	Review of recorded sessions
	Co-counselling/Co-facilitating	Supervision of supervision
	Structured Peer Supervision	Other _____
	Case consultation	Live Supervision
	Direct supervision	Review of recorded sessions
	Co-counselling/Co-facilitating	Supervision of supervision
	Structured Peer Supervision	Other _____

*Submit as many logs as required.*

Summary of feedback from Clinical Supervisor:

Any steps taken as a result of this feedback:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_