



## Canadian Clinical Supervisor

### Appendix C: Receiving Supervision of Supervision

**\* 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:

Education / Degree:

Professional Designations / Degree:

Years of practice as a clinical supervisor:

#### II. Summary of Supervision of Supervision

Date	Type of Supervision (direct observation, video review, feedback/critical analysis/reflection)	# of Hours

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.)