

PROFESSIONAL BACKGROUND FOR ON-SITE CLINICAL SUPERVISORS

(To be submitted by the student to a prospective on-site clinical supervisor, completed and signed by the prospective supervisor, and submitted to a Clinical Team Coordinator by the student **prior to** completing an agreement with a site)

1. Degree (minimum requirements are a Master's degree in a mental health/counselling profession, and the equivalent of five years post-masters full-time professional experience)

<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MTS-C
<input type="checkbox"/> PsyD	<input type="checkbox"/> MSc	<input type="checkbox"/> MSN
<input type="checkbox"/> PhD	<input type="checkbox"/> MSW	<input type="checkbox"/> Other ()

2. Degree-granting institution & date of completion:

3. Post-masters Professional Experience [FTEs, full-time equivalents]

Number of years:

Work Responsibilities:

4. Post-masters Supervision Experience

Number of years:

Supervisee's training program(s):

5. a) Professional Credentials (e.g., CCC, RCC, etc.) and professional memberships (e.g., CCPA, BCPA.):

- b) Province/territory & college granting credentials (for regulated professions):

- c) Registration Number: _____

I _____ of _____
(Name) (Site)

hereby certify that the above information is complete and accurate.

Signature: _____ **Date:** _____