



Supervisor Application

To be completed by the proposed supervisor of a Licensed Counselling Therapist – Candidate.

Applicant Information

Name: _____

Address: _____

Professional Registration #: _____ Name of Regulatory Body _____

of years in profession: _____ Regulatory Body's Phone # _____

Supervisor Requirements

- ❖ Must be a LCT with CCTNB or a full member of the College of Psychologists of NB or the NB Association of Social Workers with at least 5 years of counselling experience.
- ❖ Must take a supervision training acceptable to the Board at the next available opportunity
- ❖ Must have at least 2 million dollars in liability insurance.
- ❖ Must submit an up-to-date resume detailing Counselling Work Experience in terms of number of hours/weeks/years to demonstrate 5 years of counselling practice

Other Information

- ❖ Up to 50% of supervision hours listed must be face-to-face (in-person) supervision.
- ❖ 40% of supervision hours in a group format are permitted.
- ❖ Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
- ❖ A supervisor may not be a current or former family member or others where the personal relationship interferes with or makes challenging the establishment of a professional relationship.
- ❖ Supervisors in administrative relationships to the Candidate, whose position involves evaluating job performance/assessing case management, are not suitable for evaluating the quality of therapy given to a client.
- ❖ On-site or Practicum Supervisors from applicant's Masters Practicum placements are not eligible to provide supervision for applicant's Candidacy.

Attestation

I am enclosing a copy of my current resume with this application. I confirm that I hold a minimum of two million dollars professional liability insurance which includes coverage of my activity as Supervisor of a Candidate for licensure. I also understand that the Supervisor/Supervisee Relationship is one which must be 'at arm's length'.

I have read the rules of the CCTNB concerning supervision and agree to conform to them.

Signature: _____ Date: _____
Proposed Supervisor

Email application to info@cctnb.ca