

Instructions for Supervisors

1. Download and save this fillable form.
2. Type your answers in the boxes.
3. Add a handwritten or electronic signature. **Note:** typed signatures will NOT be accepted.
4. Save the document.
5. Email it to your supervisee.
6. The supervisee will upload it directly to their CRPO account and click "Request Review".

Supervisor Information

Full Name: _____ Credentials: _____
Last First

Phone: _____ Email _____

Are you a practitioner in Ontario? YES NO

If yes, which regulatory college are you a registrant of?

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> College of Registered Psychotherapists of Ontario | <input type="checkbox"/> College of Nurses of Ontario |
| <input type="checkbox"/> College of Occupational Therapists of Ontario | <input type="checkbox"/> College of Physicians and Surgeons of Ontario |
| <input type="checkbox"/> College of Psychologists of Ontario | <input type="checkbox"/> ON College of Social Workers & Social Service Workers |

If no, which jurisdiction are you practising in? _____

Please describe the requirements to provide clinical supervision in this jurisdiction:

Clinical Requirements

Do you meet CRPO's "independent practice" requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision)? YES NO

Please specify the number of years you have been practising psychotherapy: _____

Have you completed 30 hours of directed learning in providing clinical supervision? YES NO

If yes, please indicate your directed learning activities (select all that apply):

- | | |
|---------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Course work | <input type="checkbox"/> Supervised practice as a clinical supervisor |
| <input type="checkbox"/> Individual/peer/group learning | <input type="checkbox"/> Independent study that included structured readings |
| <input type="checkbox"/> Other (please specify): _____ | |

Definitions

Clinical supervision means a contractual relationship in which a clinical supervisor engages with a supervisee to:

- promote the professional growth of the supervisee;
- enhance the supervisee's safe and effective use of self in the therapeutic relationship;
- discuss the direction of therapy; or
- safeguard the well-being of the client.

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

Do you understand CRPO's definitions of clinical supervision, clinical supervisor and the scope of practice of psychotherapy? YES NO

Attestation of Supervision

I provided _____ (supervisee name) with:

_____ hours of clinical supervision (individual/dyadic), and

_____ hours of clinical supervision (group format) with 3-8 supervisees in the group,

from _____ (start date) to _____ (end date).

The supervision hours provided were in relation to direct client contact hours the supervisee completed at

_____ (name of supervisee's practice site).

By ticking this box, I confirm, to the best of my knowledge, information, or belief, that these clinical supervision hours were successfully completed, meaning the clinician named above acted in a safe, professional, and ethical manner.¹

Disclaimer and Signature

I hereby affirm that the information above is true and accurate.

Signature: _____ Date: _____
(Signature must be handwritten or electronic: do not type name)

¹ If you have any significant safety, professionalism, or ethical concerns regarding the completion of these hours, please visit <https://www.crpo.ca/mandatory-reporting/>.