

Prince Edward Island Psychologists Registration Board

P.O BOX 461 Charlottetown, PE C1A 7L1

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<http://www.peipsychology.org/peiprb>

**CONSENT FOR EXCHANGE OF INFORMATION
BETWEEN PEIPRB & PEIPRB SUPERVISOR**

This is to confirm I give the PEI Psychologists Registration Board permission to exchange information with the psychologist who is providing me with supervision as required by the terms of my placement on the Candidate Register.

I understand this exchange of information is limited to issues directly related to my candidacy.

Candidate Signature: _____

Name of Supervisor: _____

Date: _____