

# Prince Edward Island Psychologists Registration Board

P.O BOX 461 Charlottetown, PE C1A 7L1

Email: [peiprb@gmail.com](mailto:peiprb@gmail.com)

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

## SUPERVISOR'S CONSENT FORM

I, \_\_\_\_\_, am applying for registration under the Psychologists Act of Prince Edward Island. I am required by the Prince Edward Island Psychologists Registration Board (PEIPRB) to be supervised while I am on the \_\_\_ Psychologist Candidate Register / \_\_\_ Psychological Associate Candidate Register. My supervisor must be a registered psychologist, or psychological associate where appropriate, qualified in my area(s) of practice and acceptable to the Board. Supervision requirements include a minimum of 4 hours monthly of face-to-face individual contact to address the professional goals of the candidate.

### I. PROPOSED SUPERVISOR

Name and address: \_\_\_\_\_

Highest degree and profession: \_\_\_\_\_

\_\_\_\_\_ Area(s) of practice & expertise: \_\_\_\_\_

Business phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Please give full details of your registration, certification, or license below:

Name(s) of agency or board: \_\_\_\_\_ License or certificate number: \_\_\_\_\_

Date(s) of original license or certificate: \_\_\_\_\_.

Is the certificate or license current: yes \_\_\_ no \_\_\_.

PEIPRB requires updated curriculum vitae from all proposed supervisors; please enclose with this Consent Form. Is CV enclosed? Yes \_\_\_ No \_\_\_.

### II. PAYMENT FOR SUPERVISION

There is no rule prohibiting payment of supervisors, but it is not considered typical practice.

Will a fee be charged for supervision? Yes \_\_\_ No \_\_\_

If yes, indicate amount per hour: \$ \_\_\_\_\_

### III. CONFLICT OF INTEREST

To avoid any conflict of interest or perceived conflict of interest, the supervisor(s) chosen should not have a significant personal or financial relationship with the candidate. Candidates are not permitted to have their employer or workplace supervisor as their PEIPRB supervisor, except under special circumstances approved by the Board.

I, \_\_\_\_\_, agree to supervise \_\_\_\_\_ for \_\_\_\_\_ months. We have discussed the conflict of interest clause and agree that we will immediately inform the Board of personal or financial relationships that constitute conflict of interest or give the appearance of such. We have read the PEIPRB document, "*Supervision of Candidates*."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Proposed Supervisor's Signature

\_\_\_\_\_  
Date