

**College of Licensed Counselling Therapists of New Brunswick
Supervision Agreement**

FORM 6

Name of Applicant: _____
(PLEASE PRINT)

Grandparenting/Regular Applicant and the Proposed Candidate Supervisor are required to complete with one another.

The Supervisory relationship between Candidate and Supervisor must be "at arm's length" from one another.

GRANDPARENTING APPLICANTS (OPTION ENDS 31/05/2020) (To be completed during the Candidacy period to become a Licensed Counselling Therapist)		REGULAR APPLICANTS (To complete during the Candidacy period to become a Licensed Counselling Therapist)	
Total Counselling Hours Required	500 hours	Total Counselling Hours Required	2000 hours
Direct Client Contact	200 hours	Direct Client Contact	800 hours
Other counselling hours	300 hours	Other Counselling Hours	1200 hours
Supervision Hours	25 hours	Supervision Hours	50 hours

Supervisor Requirements:

- Must be a Licensed Counselling Therapist with at least 5 years of counselling experience
- Must take the Supervision course acceptable to the Board by December 31 2018
- Must have at least 2 million dollars in Liability Insurance.

Other requirements:

1. ½ of supervision hours listed above must be face-to-face supervision.
2. Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
3. 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.
4. 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.
5. On-site or Practicum Supervisors from applicant's Masters Practicum placements are not eligible to provide supervision for applicant's Candidacy.

MY PROPOSED SUPERVISOR AND I INDICATE THAT WE HAVE READ THE LIST OF REQUIREMENTS AND AGREE TO CONFORM TO THE SUPERVISION REQUIREMENTS STIPULATED ABOVE.

My proposed supervisor and I will be following the Grandparenting candidacy.

My proposed supervisor and I will be following the Regular candidacy.

X _____
Candidacy Applicant's signature

X _____
Date

X _____
Proposed Supervisor's signature

X _____
Date

SCAN THE COMPLETED SUPERVISION AGREEMENT FORM AND RETURN IT BY EMAIL AT INFO@CCTNB.CA.