



COLLEGE OF COUNSELLING
THERAPISTS OF NEW BRUNSWICK
COLLÈGE DES CONSEILLERS/
CONSEILLÈRES THÉRAPEUTES
DU NOUVEAU-BRUNSWICK

CALL FOR SUPERVISOR

Application and Agreement

PLEASE COMPLETE THE APPLICATION BELOW AND SUBMIT APPLICATION WITH YOUR RESUME TO THE REGISTRAR AT INFO@CCTNB.CA.

PLEASE PRINT:

Name	Designations (i.e. CCC, LCT)
Address	
Phone	Email
Professional Registration #	Name of Registration/Licensing Body
# of years in profession	Licensing Body's Phone #

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 within 1 year of beginning their role as supervisor
- Must have at least 2 million dollars in Liability Insurance.

Other requirements:

1. Half of supervision hours listed in the [Summary of Registration Requirements](#) 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.

- 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 accept that my name and contact information be added on the List of Supervisors and published on our website at cctnb.ca for applicants.
- I also agree to the Requirements listed above.

Supervisor Signature _____ Date _____

PLEASE COMPLETE, SIGN AND RETURN THIS FORM BY E-MAIL TO INFO@CCTNB.CA WITH RESUME