

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

The Psychological Association of Manitoba
162 - 2025 Corydon Avenue, #253
Winnipeg, Manitoba R3P 0N5

APPLICATION CHECKLIST FOR PSYCHOLOGICAL ASSOCIATE
(Supervised or Independent Practice)
(For Use by the Applicant)
(2009-09-01)

Submission of the following documents is to be arranged by the applicant. Please note that PAM will not consider your application until all documents and the application fees have been received. The status of your application may be determined by contacting the Registrar of PAM.

Applicants for Psychological Associate Standing (P.A.)

- _____ 1. Application form, fully completed and signed
- _____ 2. Application fee (non-refundable). (please consult website (www.cpmb.ca) for current amount)
- _____ 3. References and attached photocopies of your Application form from three Psychologists who are well familiar with your work. One must be your current Registered Psychologist supervisor and one should have known you well for at least two years.
- _____ 4. Official transcripts of all required undergraduate and graduate degrees and coursework, sent to the PAM office directly from the universities you attended.
- _____ 5. Documentation indicating that you hold a Master's degree in Psychology or are enrolled in a Master's degree programme in Psychology. Programmes must meet the criteria for degrees outlined on our website (www.cpmb.ca).
- _____ 6. Signed Supervisor's Agreement forms from your proposed supervisor(s). (Optional but recommended for documentation of the two years of supervised experience under a registered psychologist.)
- _____ 7. Criminal and Child Abuse Registry Checks
- _____ 8. Record of Supervision (if applicable). Details of supervision for the two years of professional experience under the supervision of a Registered Psychologist should be documented by all applicants on the Record of Supervision form or documented in writing to provide the same information. Applicants for candidate status who are claiming supervision already completed at the time of application may submit this information now, or at a future date. Please note the following guidelines regarding supervision:

One year of professional Activity shall be considered acceptable experience when it includes a minimum of 1500 hours per year of acceptable professional activity. Each

year must include the equivalent of at least 100 hours of direct individual supervision. In determining equivalence, two hours of group supervision shall count as one hour of individual supervision, provided that the applicant has received a minimum of 50 hours of individual face-to-face supervision per year.

Please note that according to By-Law No. 2, Section 5(5): *Employment or association in private practice with a psychologist registered or registrable under the Act shall not be considered acceptable experience (for the purpose of registration). . . In exceptional circumstances where association or supervision in a private practice has been supervised by a psychologist . . . and the prior written approval of Council to such has been obtained, the experience may be considered acceptable.*

IF YOU ARE APPLYING FOR INDEPENDENT PRACTICE STATUS AS A PSYCHOLOGICAL ASSOCIATE (P.A.(IP)), YOU MUST SUBMIT DOCUMENTATION SUPPORTING THE ACQUISITION OF FOUR (4) YEARS OF POST-DEGREE SUPERVISION. YOU MAY REQUEST AN ALTERATION OF YOUR STATUS FROM SUPERVISED TO INDEPENDENT PRACTICE AT ANYTIME AFTER INITIAL REGISTRATION, PROVIDED YOU HAVE ACQUIRED THE NECESSARY YEARS OF POST-DEGREE SUPERVISION.

PLEASE INDICATE BELOW WHICH LEVEL OF P.A. YOU ARE CURRENTLY APPLYING FOR:

- Psychological Associate (Supervised Practice)**
- Psychological Associate (Independent Practice)**

Additional Requirements in Special Circumstances

- _____ 1. Applicants residing outside Manitoba should provide a statement of their reasons for seeking registration in Manitoba.
- _____ 2. Applicants certified or licensed elsewhere: PAM will require a statement directly from the board which granted your certificate/licence confirming your registration and current standing.
- _____ 3. Applicants who have previously completed the Examination for Professional Practice in Psychology (EPPP): PAM will require a report of your examination scores directly from: i) the board which administered the EPPP; or ii) the Association of State and Provincial Psychology Boards.
- _____ 4. When professional experience which took place outside of Manitoba is being used to accrue the years of supervised experience required for registration as a P.A. , the applicant must arrange for the relevant Psychology regulatory body to inform PAM in writing that the applicant's supervisor was registered/certified/licensed as a Psychologist for the independent practice of Psychology by the provincial, territorial or state Psychology regulatory body concerned at the time the supervision took place.

Provide the following information if you are, or have been, registered, certified or licensed for the practice of Psychology other than independent practice as a Psychologist (include Temporary or Candidate status):

Psychology Regulatory Body: _____
Years during which you maintained Registration, Certification or Licensure: _____
Recognized Practice Area: _____
Regulatory Title: _____
Registration Certificate or License Number: _____

PSYCHOLOGY AND NON-PSYCHOLOGY MEMBERSHIPS AND CREDENTIALS:

List professional and scientific associations of which you have been, or are, a member. List also, any non-Psychology credentials you hold or have held (e.g., Teacher’s or School Clinician’s Certificate).

Organization	Standing/Title	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

List three Psychologists to whom you are not related who have agreed to examine your Application form and submit references on your behalf. These individuals should be well acquainted with your work. One of these individuals should be your current Registered Psychologist supervisor, and another should be a Psychologist who has known you well for at least two years. PAM will consider acceptance of up to two references from Non-Registered Psychologists.

Name	Address(including Postal code and phone Number)	Regulatory Title and Province, Territory or State of Registration Certification Licensure
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____

3. _____

NOTE:

It is the Applicant's responsibility to forward photocopies of this completed Application form and blank Reference forms to each Referee for the person providing the reference to submit to PAM.

COMPLETED DEGREES:

College and Universities Attended	Dates Attended	Degree Awarded	Date of Award	Major Subject	Minor Subject
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DEGREES IN PROCESS:

Colleges and Universities Being Attended:	Dates of Attendance	Degree in Progress	Expected Graduation	Major Subject	Minor Subject
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DEPARTMENT AND PROGRAMME TITLES:

Exact title of the departments and programmes in which you undertook Psychology graduate degree work.

Master's Degree Department	_____
Master's Degree Programme	_____
Master's Thesis Title	_____

Doctoral Degree Department	_____
Doctoral Degree Programme	_____
Doctoral Dissertation Title	_____

CORE AREA REQUIREMENTS:

Please indicate the courses which meet the following core area requirements (*By-Law No. 2 of The Psychologists Registration Act R.S.M. 1987*).

Biological Basis of Behavior _____

Cognitive-Affective Basis of Behavior _____

Social Basis of Behavior _____

Individual Differences _____

PROPOSED AREAS OF DEMONSTRATED COMPETENCE

An Applicant's primary area(s) of demonstrated competence should correspond to the title of the programme of the Applicant's most advanced completed Psychology graduate degree or degree-in-progress. Place a check beside **only one area**, unless the programme title indicates more than one area of practice, i.e., Industrial-Organizational Psychology. Psychology titles used should normally only reflect the primary areas of competence recognized by PAM, consistent with the title of the Psychology programme involved. Individuals are allowed to practice in areas of overlap between their primary area(s) of demonstrated competence and other areas of practice. Individuals with sufficient training and experience are also allowed limited practice in secondary areas of demonstrated competence other than those checked below.

Clinical	_____	Industrial - Organizational	_____
Counselling	_____	Health	_____
Neuropsychology	_____	Rehabilitation	_____
Forensic	_____	School	_____
Applied Behaviour	_____		
Analysis (ABA)	_____		

SUPERVISED EXPERIENCE IN THE PRACTICE OF PSYCHOLOGY

This information is used in establishing areas of demonstrated competence and in the preparation of PAM oral examinations.

Provide a complete record of all your practice of Psychology supervised by a person registered/certified/licensed as a Psychologist for the independent practice of Psychology by the provincial, territorial or state Psychology regulatory body.

For the two years of professional experience under the supervision of a Registered Psychologist (four years for Independent Practice), details of supervision should be documented below and

also normally on the Record of Supervision form. Other supervised experience need only be documented below.

Please note that according to By-Law No. 2, Section 5(5): *Employment or association in private practice with a psychologist registered or registrable under the Act in the psychologist's private practice shall not be considered acceptable experience (for the purpose of registration). . . In exceptional circumstances where association or supervision in a private practice has been supervised by a psychologist . . . and the prior written approval of Council to such has been obtained, the experience may be considered acceptable.*

Experience obtained in Manitoba under the supervision of individuals who are not registered as Psychologists with PAM will not be considered acceptable experience (and should not be listed below) unless prior approval in writing has been obtained from PAM council, such approval being in the total discretion of Council. Experience obtained outside the province of Manitoba will only be considered acceptable if acquired under the supervision of a Psychologist registered according to the laws of the jurisdiction in which the supervision was provided.

List supervised experience in chronological order from earliest date, including experience at the Bachelor's, Master's, Doctoral and Post-Doctoral levels.

1) Name of Facility _____

Address _____

Postal Code _____

Degree level _____ Was this experience a formal part of your degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

2) Name of Facility _____

Address _____
Postal Code _____

Degree Level _____ Was this experience a formal part of
your degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

3) Name of Facility _____

Address _____
Postal Code _____

Degree level _____ Was this experience a formal part of your
degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

4) Name of Facility _____

Address _____

Postal Code _____

Degree level _____ Was this experience a formal part of your degree programme? Yes ___ No ___

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

5) Name of Facility _____

Address _____
_____ Postal Code _____

Degree level _____ Was this experience a formal part
of your degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

6) Name of Facility _____

Address _____
_____ Postal Code _____

Degree level _____ Was this experience a formal part
of your degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

7) Name of Facility _____

Address _____

Postal Code _____

Degree level _____ Was this experience a formal part
of your degree programme? Yes ____ No ____

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

8) Name of Facility _____

Address _____

Postal Code _____

Degree level _____ Was this experience a formal part of your degree programme? Yes ___ No ___

Dates: From Month/Year _____ Year to Month/Year _____

Hours Per Week _____ Total Hours _____

Title and Nature of Training _____

Your Title _____

Name of Direct Supervisor _____

Supervisor's Highest Psychology Degree _____

Supervisor's Regulatory Title in Jurisdiction of Practice _____

Hours Per Week of Direct Individual Supervision _____

Hours Per Week of Direct Group Supervision _____

Have you at any time:	<u>Yes</u>	<u>No</u>
been investigated, charged or found guilty of unprofessional conduct or incompetency by any regulatory body	___	___
been convicted of any crime or regulatory offence (other than a Highway Traffic offence)	___	___
been refused or removed from membership, registration, certification, or licensure in any legally constituted body of practicing Psychologists	___	___
resigned from a legally constituted Psychology regulatory body or association	___	___
received communication from a Psychology regulatory body concerning possible illegal use of Psychology labels or procedures	___	___
Are you currently being investigated for any of the above?	___	___

If you have answered Yes to any of the above, you are required to append details. Please also arrange for Criminal Record and Child Abuse Registry Checks to be forwarded to PAM.

Consent to Share Information:

I hereby consent that PAM may check my name against the local list of persons found guilty of offenses with children and against the Association of State and Provincial Psychology Boards' Disciplinary Data Bank Report. I also provide consent for PAM to communicate as to my current and/or prior standing with other Psychology regulatory boards.

Signed _____ Date _____

I hereby certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief and that I have not knowingly falsified all or any part of the information provided by me. I agree to abide by the Canadian Psychological Association's Canadian Code of Ethics for Psychologists and Standards for Providers of Psychological Service, The Psychologist's Registration Act, the Regulations under the Act, and any other guidelines, rules or regulations adopted by PAM. I will practice open disclosure of my regulatory standing with PAM. I am aware that as a Registered Psychologist or Psychological Associate, the Code and Standards will be legally binding upon me. I am aware that as a Regulatory Candidate, my Candidate standing can be withdrawn and registration as a Psychologist or Psychological Associate refused by PAM for failure to adhere to PAM's Standards and Guidelines.

Signed _____ Date _____

Names and Addresses of Current Primary and Secondary Registered Psychologist Supervisors.

Primary (Required) _____

Postal Code _____ Telephone _____

Secondary (where applicable) _____

Postal Code _____ Telephone _____

Notes: An Application will only be processed by the Registration and Membership Committee upon receipt by the Registrar of all relevant documentation and application fees. See the PAM Applicant Checklist for details. It is the Applicant's responsibility to contact PAM to determine the status of an application. Applicants will not be contacted by PAM if applications are not complete.

The application fee is not refundable and does NOT cover the cost of the Examination for Professional Practice in Psychology or the oral examination, where applicable. The application

fee may be income tax deductible under “Professional Dues”.

All Registrants and Candidates receive Manitoba Psychologist, the official journal of PAM, to keep them informed of matters which may affect their training or practice of Psychology.

Applications, fees and supporting documents become the property of the Psychological Association of Manitoba upon submission.

All materials should be sent to: Chair, Membership and Registration
The Psychological Association of Manitoba
162 - 2025 Corydon Ave., #253
Winnipeg MB R3P 0N5

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

REFERENCE (please submit three)

In support of application for registration as a Psychologist, Psychological Associate, Psychologist Candidate or Psychological Associate Candidate under The Psychologists Registration Act (R.S.M. 1987) in the province of Manitoba.

Name of Applicant _____
Last Middle First

Registration or Candidate Category(ies) Sought _____

Area (s) of Demonstrated Competence Sought _____

Name of Sponsor _____
Last Middle First

Sponsor's Highest Degree _____ Date Conferred _____

Institution Conferring _____

Sponsor is Registered/Certified/Licensed (indicate which) as a _____

Psychologist in _____ Province/Territory/State. Cert./License # _____

A) Professional Relationship with the Applicant:

Current Supervisor () Immediate Supervisor () General Supervisor () Colleague ()
Personal Acquaintance () Other () (specify) _____

Dates, From _____ To _____

Percent of time Applicant spent in work of Psychological nature _____

Type of his/her position and name of organization _____

B) Describe briefly the Applicant's duties, as you knew them, in positions listed above _____

C) From your association with the Applicant would you judge him/her to be professionally competent in the area (s) of demonstrated competence in the practice of Psychology indicated in his/her Application?

D) Please indicate the area of competence for which you believe the applicant has been trained:

Clinical	_____	Industrial - Organizational	_____
Counselling	_____	Health	_____
Neuropsychology	_____	Rehabilitation	_____
Forensic	_____	School	_____
ABA	_____		

E) Would you be willing to employ this Applicant yourself, if an opening arose within your organization, in an area which he/she had training and experience? Yes () No ().

If No, please explain _____

Do you know of any evidence of scientific or professional conduct that is unethical on the part of the Applicant? Yes () No ().

If you answered Yes and you still recommend the Applicant for registration, give full particulars in an accompanying letter.

Do you have any reason to believe the applicant:	<u>Yes</u>	<u>No</u>
has been investigated, charged or found guilty of unprofessional conduct or incompetency by any regulatory body	_____	_____
has been convicted of any crime or regulatory offence (other than a Highway Traffic offence)	_____	_____
has been refused or removed from membership, registration, certification, or licensure in any legally constituted body of practicing Psychologists	_____	_____

	<u>Yes</u>	<u>No</u>
has resigned from a legally constituted Psychology regulatory body or association	—	—
has received communication from a Psychology regulatory body concerning possible illegal use of Psychology labels or procedures	—	—
is currently being investigated for any of the above	—	—

If you answered Yes to any of the above, append details.

Do you have reason to believe any information on the Applicant’s attached Application Form is incorrect or incomplete? Yes () No ()

If Yes, append details.

F) Do you have any reservations, not already mentioned, concerning the suitability of the Applicant for registration under The Psychologists Registration Act of Manitoba? Yes () No ()

If Yes, please explain _____

Sponsor’s Signature _____ Date _____

If the Applicant is using practice received under your supervision to count towards the two years of supervised practice needed for registration as a Psychologist or Psychological Associate (or 4 years for Independent Practice), please submit completed Record of Supervision forms or the Assessment of Supervised Experience form (for Candidates seeking a waiver of additional supervised experience).

Return to:

Chair, Membership and Registration
The Psychological Association of Manitoba
162 - 2025 Corydon Ave., #253
Winnipeg MB R3P 0N5

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

RECORD OF SUPERVISION (*make copies as necessary*)

Candidate: _____ Supervisor: _____

For period beginning: _____ and ending: _____

Hours of professional experience: _____

Date	Time Spent	Nature of direct supervision with supervisor (please be as specific as possible and indicate whether group or individual)	Both signature

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

PRIMARY SUPERVISOR'S AGREEMENT

(For Use Only in Manitoba. Optional, but recommended for use in documenting two years of professional experience under the supervision of a Registered Psychologist. Required for approved supervision in a private practice.)

TO: The Psychological Association of Manitoba

AND TO: _____

I understand that _____ is applying for registration as a Psychologist or Psychological Associate in the Province of Manitoba, and I acknowledge that a period of supervision is required for registration. I agree to act in the capacity of Primary Supervisor during the period designated by PAM. The area(s) of demonstrated competence sought are _____

_____ (as indicated on application).

I agree to supervise and appraise _____ in accordance with PAM's Standards and Guidelines. I agree to practice open disclosure of my standing as his/her Registered Psychologist Supervisor.

Using as a guide the dimensions of the rating scale provided on the Supervisor's Work Appraisal form (PAM), I agree to supply PAM with ratings on the Candidate every six months to the end of the supervised period. Further, I am in a position to, and agree to accept responsibility for the quality of the Applicant's work as a Candidate and will review the work with the Applicant on a regular basis, at least twice a month, during the period of candidacy.

For experience obtained before September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes: a) a minimum of 1500 hours per year of professional activity, and b) a minimum of 50 hours of direct individual supervision, or 100 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of group supervision shall count as one hour of individual supervision.

For experience obtained as of September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes a minimum of 1500 hours per year of acceptable professional activity. Each year must include at least 100 hours of direct individual supervision or 200 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of direct supervision shall count as one hour of individual supervision.

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I agree to inform PAM and _____ immediately of any circumstances affecting my ability to perform these contractual obligations.

I agree to document my supervision in writing as indicated on PAM's Record of Supervision form. It is agreed that the date for commencement of the period of supervision is:

The expected minimum hours of professional experience per week is: _____

Signature of Registered Psychologist Supervisor:

_____ Date: _____

Name (Please Print): _____

Position: _____ Certificate No.: _____

Address: _____

_____ Phone: _____

I acknowledge receipt of a copy of this agreement and agree to comply with the requirements stated herein during my period of Candidacy.

Signature of Applicant: _____ Date: _____

Note: Please make three copies. Send the original copy to the Registrar of PAM; the Supervisor and Candidate should each keep one copy for their records. It is the responsibility of the Candidate and Supervisor to obtain any necessary approval for the supervisory agreement from any sponsoring institutions involved. The cost of supervision cannot be borne by the applicant. The Supervisor should not receive any remuneration, direct or indirect, from the Supervisee for the supervision.

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA
L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA

SECONDARY SUPERVISOR'S AGREEMENT

(For Use Only in Manitoba. Optional, but recommended for use in documenting two years of professional experience under the supervision of a Registered Psychologist.)

TO: The Psychological Association of Manitoba

AND TO: _____

I understand that _____ is applying for registration as a Psychologist or Psychological Associate in the Province of Manitoba, and I acknowledge that a period of supervision is required for registration. I agree to act in the capacity of Secondary Supervisor during the period designated by PAM. The area(s) of demonstrated competence sought are _____

_____ (as indicated on application).

I agree to supervise and appraise _____ in accordance with PAM's Standards and Guidelines. I agree to practice open disclosure of my standing as his/her Registered Psychologist Supervisor.

Using as a guide the dimensions of the rating scale provided on the Supervisor's Work Appraisal form (PAM), I agree to supply PAM with a report on the Candidate at the end of each year of supervised experience. I am in a position to, and agree to accept responsibility for the quality of the applicant's work as a Candidate under my supervision, I will maintain the necessary contact with the Candidate's professional activities during the period of supervised experience as a basis for writing an informed 12-month report and in order to be prepared and equipped to take over the role of Primary Supervisor, should PAM so require. I agree to document my supervision in writing as indicated on PAM's Record of Supervision form.

For experience obtained before September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes: a) a minimum of 1500 hours per year of professional activity, and b) a minimum of 50 hours of direct individual supervision, or 100 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of group supervision shall count as one hour of individual supervision.

For experience obtained as of September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes a minimum of 1500 hours per year of acceptable professional activity. Each year must include at least 100 hours of direct individual supervision or 200 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of direct supervision shall count as one hour of individual supervision.

I agree to inform PAM and _____ immediately of any circumstances affecting my ability to perform these contractual obligations.

It is agreed that the date for commencement of the period of supervision is:

The expected minimum hours of professional experience per week is: _____

Signature of Registered Psychologist Supervisor:

_____ Date: _____

Name (Please Print): _____

Position: _____ PAM Certificate No.: _____

Address: _____

_____ Phone: _____

I acknowledge receipt of a copy of this agreement and agree to comply with the requirements stated herein during my period of Candidacy.

Signature of Applicant: _____ Date: _____

Note: Please make three copies. Send the original copy to the Registrar of PAM; the Supervisor and Candidate should each keep one copy for their records. It is the responsibility of the Candidate and Supervisor to obtain any necessary approval for the supervisory agreement from any sponsoring institutions involved. The cost of supervision cannot be borne by the applicant. The Supervisor should not receive any remuneration, direct or indirect, from the Supervisee for the supervision.