



SITE / CLINICAL SUPERVISOR PROFILE

If you are willing to provide the guidance and support through supervision to the Department of Psychotherapy and Spirituality practicum student, please **fill out this form, attach a current CV and return to: Clinical Director**, Department of Psychotherapy and Spirituality via email.

Student	
Course	
Training Site	
Supervisor	
Position Currently Held	
Address	
Telephone	
Email	

COUNSELLING CREDENTIALS

Please indicate which credentials you hold and plan to maintain throughout the duration of the student's practicum with you. Click all that apply:

- British Columbia Association of Clinical Counsellors - BCACC
- Canadian Counselling & Psychotherapy Association - CCC
- Canadian Counselling & Psychotherapy Association - CCC - S
- Canadian Association of Professional Counsellors - CPCA
- Canadian Association for Spiritual Care - CASC
- College of Regulated Psychotherapists of Ontario - CRPO
- College of Counselling Therapists of Alberta / Association of Counselling Therapy of Alberta
- Association of Co-operative Counselling Therapists of Canada - RTC
- Association of Co-operative Counselling Therapists of Canada - MTC
- Association of Co-operative Counselling Therapists of Canada - RCS
- Registered Psychologist
- Registered Social Worker
- Registered Nurse

ART THERAPY CREDENTIALS

Please indicate which credentials you hold and plan to maintain throughout the duration of the student's practicum with you. Click all that apply:

- Supervisor
 - Role: Supervisor
 - Status: In Progress

Please indicate which Art Therapy credentials you hold and plan to maintain throughout the duration of the student's practicum with you. Click all that apply:

Canadian Art Therapy Association - RCAT
 British Columbia Association of Art Therapy - ATBC
 American Art Therapy Credentials Board - ATR
 American Art Therapy Credentials Board - ATR-BC
 American Art Therapy Credentials Board - ATR-S
 Association Des Arts Therapeutes Du Quebec - Registered Member
 Ontario Art Therapy Association - Registered Art Therapist

EDUCATION:

What is the highest degree you hold?

Masters of Education
 Master of Science
 Master of Arts
 Master of Social Work
 Master of Nursing
 PhD
 Doctorate (Divinity or Education)
 PsyD
 Other: _____

EXPERIENCE

How many years of postgraduate clinical experience do you have? _____

 Signature, Site/Clinical Director

 Date

APPROVAL OF SSC CLINICAL DIRECTOR

Signature: _____

Date: _____

Note: Before student begins a Practicum:

- (1) PRACTICUM CONTRACT MUST BE SIGNED/SUBMITTED TO SSC CLINICAL DIRECTOR
 (2) Student in MPS/ MPS-AT Program and PMATD must be enrolled in Counselling Practicum Course

ACADEMIC OFFICE USE ONLY	
Date Received	
Reviewed by SSC Clinical Director (inform student)	<input type="checkbox"/>
Supervisor in Instructor Database and Student Record (LW)	<input type="checkbox"/>