

Supervision Completion Confirmation

I, **Supervisor Name** _____, confirm that I have witnessed

Supervisee Name _____ complete _____ hours of

supervised practice between **Start Date** _____ and **End Date**

_____.

I attest that the supervisee is able to work independently within the Counselling Therapy scope of practice as set out by the regulatory college.

Additional Comments (if applicable):

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____