CCTPEI Supervision Completion Confirmation Form

Section 1 – Contact Information

Supervisor Name		Supervisee Name	
Contact Information		Contact Information	
Place of work		Supervision Period	

Section 2 – Supervised Practice and Attestation

Total Direct Client Contact (DCC) Hours Completed: _____

I attest that, within the above DCC hours, the supervisee has demonstrated competency to practice within the Counselling Therapy scope of practice as defined by the College of Counselling Therapy of Prince Edward Island.

Supervisor Signature: _____ Date: _____

Section 3 – Supervisee DCC hours confirmation

☐ I confirm that I have completed a minimum of 450 DCC hours

☐ I have completed less than 450 DCC hours and will continue supervised practice with another supervisor

Supervisee Signature: _____ Date: _____

Reference

CCTPEI: Supervision for Provisional Registrants
- Provisional Members may select a supervisor who is a general member in good standing with CCTPEI.
- Provisional registrants must receive one (1) hour of supervision for every ten (10) direct client contact hours.
- Supervision may be one-on-one or in a group (maximum ratio of 1 supervisor to 6 supervisees).
- Supervision hours may not be claimed toward Continuing Competency requirements.