

Certification: To be signed by the supervisor verifying the supervision recorded has been provided by him/her as an alternative to signing sessions below.

* **Hours** – Please show client hours as well as supervision hours related to this supervision session (i.e. 25 | 1)

Supervisor Name – to be typed and signed. If typed only, please have a letter from them to verify your supervision.

1. Peer supervision is exclusively available to senior practitioners who have maintained Clinical membership for a continuous period of five years.
2. The supervision of supervisory practices pertains specifically to your role as a supervisor, applicable to CCAA Accredited Supervisors or those accredited by other professional associations.