

FORM 2: FIELD SUPERVISOR QUALIFICATION FORM

to be completed by the practicum student's field supervisor(s)

UBC Student's (Counselling Trainee's) Name: _____

Practicum Site (Full Legal Name): _____

Supervisor's Name: _____ () Mr. () Ms. () Dr. () other: _____

Supervisor's Title/Role at the Site: _____

Supervisor's Contact Information:

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Supervisor's Academic Background:

Highest Degree Earned: _____ Year: _____

Institution: _____ Area of Focus: _____

Supervisor's Professional Registration Information:

Registration #: _____

Registration Type: ___ CCC ___ RCC ___ R.Psych. ___ BCTF ___ BCASP

Registration Type Other: (If not one of the above, please describe clinical training/experience): _____

Number of years registered with the above credentials? _____

Supervisor's Professional Experience: *please initial each item.*

_____ I belong to the following professional organizations, and I am committed to abiding by their professional codes of ethical conduct:

- () College of Health and Care Professionals of BC (CHCPBC)
- () Canadian Counselling and Psychotherapy Association (CCPA)
- () Canadian Psychological Association (CPA)
- () BC Association for Clinical Counsellors (BCACC)
- () BC Teachers' Federation (BCTF)
- () BC Association of School Psychologists (BCASP)
- () other: _____

_____ I have a minimum of four years of full-time professional work experience post-master's degree in counselling or related field.

_____ I am aware of the CNPS 598 course requirements (e.g., placement and supervision).

_____ I do not have more than two students at a given time to supervise as their primary supervisor.

() Check here if you are released from work responsibilities to supervise three or more student trainees concurrently as their primary supervisor and please indicate how many supervisees you will have for the practicum duration of this student: _____

_____ I have no conflict of interest, dual relationship, or other ethical concerns with the student.

_____ I am **not** currently under investigation regarding professional malpractice or the breach of professional codes of conduct.

Date: _____ Signature: _____