

**THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA**  
**L'ASSOCIATION DES PSYCHOLOGUES DU MANITOBA**

**PRIMARY SUPERVISOR'S AGREEMENT**

*(For Use Only in Manitoba. Optional, but recommended for use in documenting two years of professional experience under the supervision of a Registered Psychologist. Required for approved supervision in a private practice.)*

TO: *The Psychological Association of Manitoba*

AND TO: \_\_\_\_\_

I understand that \_\_\_\_\_ is applying for registration as a Psychologist or Psychological Associate in the Province of Manitoba, and I acknowledge that a period of supervision is required for registration. I agree to act in the capacity of Primary Supervisor during the period designated by PAM. The area(s) of demonstrated competence sought are

\_\_\_\_\_

\_\_\_\_\_ (as indicated on application).

I agree to supervise and appraise \_\_\_\_\_ in accordance with PAM's Standards and Guidelines. I agree to practice open disclosure of my standing as his/her Registered Psychologist Supervisor.

Using as a guide the dimensions of the rating scale provided on the Supervisor's Work Appraisal form (PAM), I agree to supply PAM with ratings on the Candidate every six months to the end of the supervised period. Further, I am in a position to, and agree to accept responsibility for the quality of the Applicant's work as a Candidate and will review the work with the Applicant on a regular basis, at least twice a month, during the period of candidacy.

For experience obtained before September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes: a) a minimum of 1500 hours per year of professional activity, and b) a minimum of 50 hours of direct individual supervision, or 100 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of group supervision shall count as one hour of individual supervision.

For experience obtained as of September 1, 1991, on year of professional activity shall be considered acceptable experience when it includes a minimum of 1500 hours per year of acceptable professional activity. Each year must include at least 100 hours of direct individual supervision or 200 hours of direct group supervision, or combined equivalent. In determining equivalence, two hours of direct supervision shall count as one hour of individual supervision.

I agree to inform PAM and \_\_\_\_\_ immediately of any circumstances affecting my ability to perform these contractual obligations.

I agree to document my supervision in writing as indicated on PAM's Record of Supervision form. It is agreed that the date for commencement of the period of supervision is:

\_\_\_\_\_

The expected minimum hours of professional experience per week is: \_\_\_\_\_

Signature of Registered Psychologist Supervisor:

\_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge receipt of a copy of this agreement and agree to comply with the requirements stated herein during my period of Candidacy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please make three copies. Send the original copy to the Registrar of PAM; the Supervisor and Candidate should each keep one copy for their records. It is the responsibility of the Candidate and Supervisor to obtain any necessary approval for the supervisory agreement from any sponsoring institutions involved. The cost of supervision should be borne by the Employer. The Supervisor should not receive any remuneration, direct or indirect, from the Supervisee for the supervision.*

PSA