

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

**RECORD OF SUPERVISION**

Candidate: \_\_\_\_\_ Supervisor: \_\_\_\_\_

For period beginning: \_\_\_\_\_ and ending: \_\_\_\_\_

Hours of professional experience: \_\_\_\_\_

Date	Time Spent	Nature of direct supervision with supervisor (please be as specific as possible and indicate whether group or individual)	Both signatures