



Counselling RQS Supervision Hours Verification Form

RQS1.1

Date: _____, 20____

Name of RQS Applicant: _____

Note: Incomplete Forms will **NOT** be processed

Instructions: (1) Fill out the form with the supervision hours received (which is specific supervision for the supervision you have provided, not supervision of your clinical counselling) and the hours of your different supervisory experiences. (2) Send form to your Supervisor to sign off (at the bottom) verifying all the information on this form. (3) Email form to qualifying@thecpca.ca.

As the MPCC-S Applicant, I attest that I have received a **minimum 10 hours of supervision** for my supervisory experience listed below and I verify that the information below is true and accurate.

Signature: _____ Date: _____

Supervision Hours Received	Comments	Hours
Face-to-Face (in-person or by video)		
Other:		
TOTAL Hours of Supervision Received regarding Clinical Supervision Provided:		

Supervisory Experience: 100 hours required		Hours
Interns/Provisionals)		
Agency Responsibility (role of position)		
Practicum Students		
Peers (RPC's and/or MPCC's)		
Groups		
Skill-building Workshops to Clinicians		
Supervisor Director of Agency		
TOTAL Supervisory Experience Hours:		

As the clinical supervisor (QCS) or employer with direct knowledge of the above member's clinical supervision experience, I acknowledge that I have provided a **minimum 10 hours of supervision with applicant** and I recommend they become a fully designated MPCC-S Clinical Supervisor. I verify that the information above is true and accurate.

Signature: _____ Date: _____

If you believe you meet the criteria but are not sure how to prove this, please do not hesitate to email (registrar@thecpca.ca)

