

Clinical Supervisor Attestation Form

Please complete all sections. Incomplete forms will not be accepted. Ensure that all information is accurate and that signatures are provided clearly and adequately.

I. Supervisor Information: *

Full Name	
Credentials	
Phone	
Email	

A. Are you a Practitioner in Ontario? *

Yes No

B. If yes, which regulatory college are you a registrant of? *

- College of Registered Psychotherapists of Ontario - CRPO
- College of Nurses of Ontario
- College of Occupational Therapists of Ontario
- College of Physicians and Surgeons of Ontario
- College of Psychologists of Ontario
- Ontario College of Social Workers & Social Service Workers

C. Do you meet CRPO’s “independent practice” requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision)? *

Yes No

D. Have you completed 30 hours of directed learning in providing clinical supervision? * *(Examples of direct learning but not limited to: Course work , Supervised practice as a clinical supervisor, Individual/peer/group learning, Independent study that included structured readings)*

Yes No

II. Student Information *

Full Name	
Year of training	
Email	

III. Attestation of Supervision *

This section is intended to document the supervision hours provided to the supervisee during their practicum or clinical training. By completing this section, the supervisor confirms the number and type of supervision hours, the timeframe in which they were delivered, and the practicum site(s) where the supervisee engaged in clinical or arts-based work.

Instructions: Indicate the number of supervision hours in the designated box on the right.

Hours of clinical supervision (individual/dyadic)	Hours
Hours of clinical supervision (group format, 3-8 supervisees)	Hours

The supervision described above was provided during the following period: *

From (start date):

To (end date):

Practicum Sites Information:

Instructions for completing this segment:
 This segment is intended **only for attestations that report supervision hours** and do **not** include practicum hours.

	Practicum Site Name	Address
1		
2		
3		
4		
5		

Note: *This form allows you to report up to three (5) practicum sites. If the supervisee has completed hours at additional sites, please complete and submit a second form.*

IV. Practicum Hours Attestation:

This section records the practicum hours completed by the supervisee, including direct client contact, arts-based hours, and indirect or ‘other’ hours. By providing this information, the supervisor affirms that the hours were accurately tracked, correspond to the supervisee’s practicum activities at the identified site(s), and reflect safe, ethical, and professional practice.

Instructions for Completing Practicum Hours segment:

1. Provide the practicum site name and address where the hours were completed.
2. Select the type of hours by ticking the box that corresponds (e.g., Direct Client Contact, Arts-Based).
3. Enter the total number of hours in the *Number of Hours* column for each category.
4. Add the hours for **Direct Client Contact, Arts-Based, and Indirect**, so the totals reflect all categories accurately.
5. Add the number of hours for each category and record the total on the 'Total Number of Hours' line.

Note: Each attestation form allows for up to **one (1) practicum site**. If you have additional sites, please complete and submit an additional form.

Practicum Site Name:	
Address:	

Type of Hours	Number of Hours
<input type="checkbox"/> Direct Client Contact Hours	
<input type="checkbox"/> Arts-Based Hours	
<input type="checkbox"/> Indirect Hours	
Total Number of hours	

I confirm, to the best of my knowledge, information, or belief, that these practicum hours were successfully completed, and the supervisee acted safely, professionally, and ethically.

V. Disclaimer and Signature

I hereby affirm that the information above is true and accurate.

Signature:

Date:

By completing this section, I attest that the practicum hours reported above are accurate and correspond to the supervisee's training activities.

Please ensure that all fields marked with an asterisk (*) are completed, as they are required.

(Form revised Sept 2025)