Acknowledgment and Undertaking of Supervision

To be completed in full and signed by registrant, supervisor, and employer. Please scan and email: ***administration@nlchp.ca***

Registrant Name: _____

Employer and Work Site: _____

To fulfill the specific requirements for temporary registration with NLCHP, this individual is required to work under the indirect supervision of a supervisor registered in the same discipline. Indirect supervision is defined as being supervised by a supervisor who is accessible via phone or other communication methods to provide timely consultation when needed. The supervisor is to check - in with the registrant weekly.

Acknowledgment of Supervisor and Employer

As a supervisor, I agree that the registrant named above will always work under the supervision requirements identified.

Supervisor's Name: _____ Signature: _____

As the employer, I agree that the registrant named above will always work under the supervision requirements identified.

Manager's Name: _____ Signature: _____

Acknowledgment of Registrant

I have read and understand the limitations and conditions applied to my practice. If I do not meet these conditions, I am aware that my registration may be revoked.

Registrant Name: _____ Signature: _____