NOTIFICATION OF NEW SUPERVISOR FORM

I, ________________________________ will begin supervision with ________________________________ as of ___/___/____.

Print Student Name __________________ Track ____________

Print New Supervisor Name __________________ License Type __________________ Mo/Day/Yr ___/___/____.

New supervisor contact information (REQUIRED):

Phone #: __________________ Email: __________________________________________

☐ Please check here if this new supervisor is also your new primary supervisor (the primary supervisor is the person who we email your quarterly supervisor’s evaluation to). If you do not check here, your evaluations will continue to be emailed to the primary supervisor listed in your original Affiliation Agreement and this supervisor will be considered a secondary supervisor.

I have submitted the following required forms:

☐ Affiliation Agreement (page 3 & 6)
☐ Copy of Supervisor’s License
☐ Responsibility Statement for Supervisors (CA students only)
☐ And Off-Site Supervisor Letter of Agreement (if applicable)

IF APPLICABLE:

I will no longer be receiving supervision from ________________________________ as of ___/___/____.

Name of Terminated Supervisor __________________ Mo/Day/Yr ___/___/____.

I have submitted the following required termination forms:

☐ Final Log of Hours with Terminated Supervisor

At the completion of each supervisory relationship, remember to obtain an Experience Verification Form from your state licensing board and have your supervisor sign it. In CA these are required for licensure.

Student Signature ___________________________ Date ___________________________

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