



# Change of Candidacy Supervisor Form

This form should be used in the event that an approved Candidacy Supervisor is unable to continue providing supervisory support prior to the completion of the prescribed Candidacy Period. Policy [SC-03.0 Change of Supervisor During Candidacy Period](#) applies regardless of circumstances, or who initiated the dissolution of the supervisor-candidate relationship.

**Note:** In the case where a supervisor is suddenly, and without prior notice, unable to continue in their duties, the Candidate must immediately contact the Registrar to arrange emergency interim supervision before resuming direct client contact.

**Full Name of Candidate:**

**Registration #:**

**Full Name of Previous Supervisor:**

**Registration #:**

**Start Date:**

**Termination Date:**

## Proposed Candidacy Supervisor

**This section of the application must be completed by, and in full consultation with, a proposed Candidacy Supervisor.** Both parties are asked to refer to Policy [SC-01.0: Candidacy Supervision](#) to ensure they are familiar with its requirements; in particular. Sections: 'Eligible Supervisors' and 'Supervisory Role'.

**Full Name:**

**Phone:**

**Address:**

**Email:**

**Registration#:**

I hereby confirm that I, \_\_\_\_\_ (print name) have read and agree to comply with the requirements of NSCCT Policy SC-04.0: *Candidacy Supervision*; meet each of the 'Eligible Supervisor' requirements as set out in Policy SC-04.0; and, have expressed to the candidate my willingness to supervise their candidacy as approved by the Registrar.

**Supervisor Signature**

**Date:**

**Candidate Signature**

**Date:**