



SUPERVISION
Excellence in Client Outcomes

APPLICATION FORM

PART 1- General Information

Full Name:	
Telephone number:	
Email Address:	
Date Completed:	

Professional Title(s) & Certification(s): (please indicate)

- Psychologists
- Registered Psychotherapist
- Qualifying Registered Psychotherapist
- Clinical Counsellor
- Clinical Social Worker
- Other (Specify)

Area(s) of Practice (please select all that apply)

- Family/Couples Therapy
- Individual Therapy
 - Adults (18+)
 - Adolescents (13-18)
 - Children (13 years and below)
 - Seniors (65 +)

As a mental health practitioner, it is imperative that you be familiar with the following standards, codes, and guidelines. Kindly indicate your level of knowledge for each and if you are unfamiliar with one, please indicate the date of when you will be.

Standards, Codes of Ethics and Guidelines	Sufficiently Familiar	Insufficient knowledge: Target Date
<p>NEW Canadian Code of Ethics for Psychologists, Fourth Edition, Canadian Psychological Association, 2017</p> <p>Practice Guidelines for Providers of Psychological Services, 2001, Canadian Psychological Association</p> <p>Standards of Professional Conduct (2017), College of Psychologists of Ontario Preventing and Addressing Sexual Abuse and Boundary Violations</p>		
<p>Accessibility for Ontarians with Disabilities Act, 2005</p>		
<p>NEW Child, Youth and Family Services Act, 2017 (s.125) mandatory obligation to report child abuse ;The <i>Child and Family Services Act</i> has been replaced by the <i>Child, Youth and Family Services Act on April 30., 2018</i></p>		
<p>Personal Health Information Protection Act (PHIPA) (2004)</p>		
<p>Personal Information Protection and Electronic Documents Act (PIPEDA) (2000)</p>		
<p>Psychology Act, 1991</p> <p>Regulations under the <i>Psychology Act</i>: O. Reg. 801/93 Professional Misconduct</p> <p>O. Reg. 74/15 Registration</p> <p>O. Reg. 209/94: General Quality Assurance and Advertising</p>		
<p>Regulated Health Professions Act and Health Professions Procedural Code, 1991 as amended, generally and with particular attention to:</p> <p>1. <i>Health Professions Procedural Code</i> (s. 85): Mandatory obligations to report</p>		

sexual abuse of patients, professional misconduct, incompetence, incapacity, offenses, professional negligence and malpractice 2. <i>Health Professions Procedural Code</i> (s. 1.6): Definition of a patient for purposes of sexual abuse provisions		
Human Rights Code, 1990 as amended		
Companion Manual to the Canadian Code of Ethics For Psychologists , Canadian Psychological Association, 2017		

Please let us know if any of the following articles apply to your area of practice. If the legislation is applicable to your practice, please indicate whether you are sufficiently familiar with or the date by which you will have acquired the knowledge.

Legislation: PLEASE ENSURE ALL QUESTIONS ARE ANSWERED	NA	Sufficiently Familiar	Target Date
Child, Youth and Family Services Act, 2017			
Children’s Law Reform Act, 1990 as amended			
Criminal Code of Canada, 1985 as amended, Part V Sexual Offences, Public Morals and Disorderly Conduct , Part VIII (s.241.1, 241.2)			
Education Act, 1990 as amended (s. 1.1) Definitions of Exceptional Pupil O.Reg.298/90, (s.11(3)(m)) Duties of Principals – Consent			
Freedom of Information and Protection of Privacy Act, 1990 as amended			
Insurance Act, 1990 as amended Regulations under the Insurance Act: O. Reg. 34/10 Statutory Accident Benefits Schedule O. Reg. 90/14 Service Providers- Standards for Business Systems and Practices and other Prescribed Conditions O. Reg. 348/13 Service Providers- Licensing			
Mental Health Act, 1990			
Municipal Freedom of Information and Protection of Privacy Act, 1990 as amended			

Public Hospitals Act, 1990 as amended			
<i>Regulations under the Regulated Health Professions Act, 1991,</i> O.Reg.107/96 Controlled Acts: Forms of Energy, Communications of a Diagnosis, Psychotherapy			
O.Reg 39/02 Certificate of Authorization (Professional Corporations)			
Workplace Safety and Insurance Act , 1997 as amended			
Youth Criminal Justice Act, 2002 as amended			

PART 2- ETHICAL CONDUCT

The declarations below are related to the most up-to-date versions of the CPA’s Regulations, Standards, Guidelines and/or Ethical Codes that must be adhered to by all CDB therapists. The items are not intended to provide a comprehensive list of all of the CPA’s requirements or to convey the exact wording of the documents referenced.

Specific References are provided at the end of each statement for your convenience.

- “PM” refers to: O. Reg. 801/93 under the Psychology Act, 1991 (The Professional Misconduct Regulation)
- “SPC” refers to: The Standards of Professional Conduct (2017)
- “CPA” refers to: The Code of Ethics for Psychologists (Fourth Edition), which is applicable to all members •
- “GRA” refers to: O. Reg. 209/94 under the Psychology Act, 1991 (General Regulation/Advertising)

By selecting ‘agree’, you are confirming that you are following these standards and will do so going forward as a member of our team.

PLEASE ENSURE ALL QUESTIONS ARE ANSWERED	Agree	Disagree
1. I make best efforts to provide services in a manner that is equitable and inclusive to all members of our diverse society (CPA I.1, II.13, II.20, III.28,III.30, IV.16, IV. 21, IV.26)		
2. I ensure that informed consent is obtained with respect to the delivery of all psychological services unless otherwise permitted or required by law.		
3. I only discontinue professional services that are needed under the following conditions: a. the client requests the discontinuation; b. the client withdraws from the service; c. reasonable efforts are made to arrange alternative services; d. the client is given a reasonable opportunity to arrange alternative services, or; continuing to provide the services would place me at serious personal risk. (PM 8)		

4. I only provide services that I believe are likely to benefit the client. (PM 9)		
5. I do not practice the profession if in a conflict of interest. (PM 10)		
6. I only give information about a client to a person other than the client or their authorized representative with the consent of the client or their authorized representative or as required or allowed by law. (PM 11)		
7. I provide a truthful, understandable and appropriate explanation of the nature of an assessment, intervention, or other service following a client's request for an explanation. (PM 13)		
8. I only use terms, titles or designations in respect of my practice in a manner consistent with the Standards. (PM 14)		
9. I do not permit, counsel, or assist any person who is not a member to represent themselves as a member of the College. (PM 18)		
10. I provide reports and certificates relating to services performed by me, within a reasonable time, to the client or their authorized representative after a client or their authorized representative has requested such a report or certificate. (PM 21)		
11. I identify limits to the certainty with which diagnoses, opinions, or predictions can be made. (SPC 10.4)		
12. In order to ensure that my professional opinions are fair and unbiased, I evaluate how my personal experiences, attitudes, values, social context, individual differences, stresses, and specific training influence my activities and thinking (CPA III.10, SPC 10.5)		
13. I make best efforts to present information in a manner that is likely to be understood by the client. (SPC. 10.5)		
14. I reached an agreement concerning fees and billing with a client concerning psychological services to be provided prior to providing services and those fees are based on the amount of time spent and complexity of the services rendered. (SPC 11.1)		
15. If necessary, I would inform a client of the intention to use a collection agency or other legal option to collect fees and provide an opportunity for payment to be made before doing so. (SPC 11.3)		
16. I am vigilant in ensuring that my professional objectivity is not compromised by any personal or professional interests. (SPC 13)		
17. I would not enter or make plans to enter into an intimate or sexual relationship with a current client or a former client for whom psychological services were provided by me within the previous two years. Even after two years, I would not enter into an intimate or sexual relationship with a former client if they are vulnerable to exploitation or may require future service or some other professional involvement specifically from me. (SPC 13.5)		

18. I would not accept a gift of more than token value from a client. In accepting even a small gift, I would carefully consider the potential clinical implications of this. (SPC 13.6)		
19. I refrain from Harassment, Abuse and Sexual Relationships in any professional context. (SPC 14)		
20. If using technology in the provision of psychological services, I am familiar with, and would comply with all of the relevant requirements of the Standards of Professional Conduct (2017). (SPC 15)		

Please respond to the following questions and/or statements by placing a check mark (✓) in the answer box :

- I am aware that the following issues CAN be brought under Dr. Bitá's supervision should I lack expertise and would need additional support:
 - General psychological disorders such as anxiety disorders and mood disorders.
 - Trauma-related problems.
 - Relationship and couple issues.
 - Sexual dysfunction.
 - Chronic pain management.
 - Personality disorders.
 - MVA and WSIB assessments.
 - Psychological evaluation.

- I am aware that Dr. Bitá does **NOT** offer supervision in the following areas:
 - Neurodevelopmental issues in children
 - Child psychology (unless it is within the scope of systemic approach and parenting skills training such as behavioral problems, anxiety, and anger in children)
 - Geriatric problems
 - Psycho-educational/cognitive assessments
 - High conflict situations requiring court attendance
 - Parental Fitness Assessment

- I am aware that I have to attend the monthly **mandatory** supervision meetings if I have **active clients** under Dr. Bitá's supervision.

- I am aware that I have to **cancel 48 hours** in advance if I am not able to attend the monthly mandatory supervision meetings, or I will have to pay a \$50 late cancellation fee.

1. Are you a member of a Canadian mental health association or college?

- No
- Yes

Specify and provide your license # _____

2. Has any application for a membership to a Professional association or college ever been denied or cancelled:

- No
- Yes

If you answer yes, please provide details:

3. Has any Professional lawsuit or complaint been made against you in the past 2 years or is any such claim now pending against you in Canada or anywhere in the world:

- No
- Yes

If you answer yes, please provide details:

4. Are you aware of any facts, circumstances or situations which may reasonably give rise to a lawsuit?

- No
- Yes

If you answer yes, please provide details:

5. I'm aware that I must add **all** session notes on Clinic Dr. Bitá's online filing platform for the clients that I see under her supervision:

- No
- Yes

Annual Membership Options:

I understand that the supervision fee is \$40/client/clinical hour and that this fee is subject to change depending on my supervisory needs. Furthermore, I understand that this fee is in addition to the annual membership fee that I choose to pay as below.

- Therapists: \$20/ month
- Therapists: \$200/ year
- Clinics: \$30/month
- Clinics: \$300 / year

I understand that there is a non-refundable set-up fee of

- Therapists: \$100.00
- Clinics: \$50.00/therapist

Declarations and Warranty

The undersigned declares:

- I declare that during the last two years no professional association or college has cancelled, declined or refused me.
- I declare that the statements made herein are in every respect true and correct.
- **I declare that I am a member in good standing with The Canadian Psychological Association (CPA) and/or provincial/territorial associations of psychology, psychotherapy, counselling and/or other mental health professionals. If it is determined that I do not hold an active membership in any of the psychological, psychotherapy, or counselling associations or colleges, I understand that my supervisor should be informed immediately.**

Submitting this form does not bind the Applicant or Company to the Supervisory Agreement but is agreed that this form shall be the basis of the Agreement should an agreement be formed.

Full Name: _____

Signature: _____

RESOURCES

Publications Ontario, <http://www.e-laws.gov.on.ca/navigation?file=home&lang=en> (English) or <http://www.e-laws.gov.on.ca/navigation?file=home&lang=fr> (French)

College of Psychologists of Ontario, www.cpo.on.ca
110 Eglinton Avenue West, Suite 500, Toronto, Ontario, M4R 1A3.

Ontario Psychological Association, www.psych.on.ca
21 St. Clair Avenue East, Suite 403, Toronto, Ontario M4T 1L8. (416) 961-5552

Canadian Psychological Association, www.cpa.ca
151 Laurier Avenue West, Suite 702, Ottawa, Ontario, K1P 5J3. (613) 237-2144

Federal Publications, <http://laws-lois.justice.gc.ca/eng/> (English) or
<http://laws-lois.justice.gc.ca/fra/> (French)
425 University Avenue, Suite 401, Toronto, Ontario M5G 1T6. (416) 860-1611

American Psychologist, 1994, 49(7) 677-680. American Psychological Association, www.apa.org [23]

