

Record of supervision log

Registered provisional psychologist's information:

Provisional registrant name:	
Yukon registration #:	
Supervisor name:	
Yukon registration #:	
Start date:	
End date:	

Date	Time spent	Nature of contact with supervisor or supervisor's concerns (if applicable). Be as specific as possible.	Both signatures

Personal information is collected, used, and disclosed under the authority of subsection 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated with the activity related to the licence being requested. It will be used for the purposes of these Acts and their *Regulations* and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional and Corporate Affairs (PCA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667 5111, or by email at psychologists@yukon.ca.



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