Psychologist

Supervision agreement for provisional psychologists

In the Yukon, new graduates of psychology must complete 1600 hours of evaluated and supervised practice using a Yukon provisional certificate before they are eligible for independent practice in the full class of registration.

Four hundred hours of supervision is required for each branch of psychology that you intend to practice in. For example, if you practice in both school psychology and clinical psychology, you would be expected to complete 400 hours of evaluated practice for each branch for a total of 800 hours. All branches of psychology you intend to practice in must be identified in your Supervision Plan.

This Supervision Plan must be approved by the Registrar of Psychologists (the Registrar) prior to the start of the supervised practice.

Instructions

Complete the sections of the Supervision Plan that are relevant to you. If any of these things change during your period of supervision, make and record the changes, and ensure that all parties to the plan are aware of and agree to them.

The following changes require Registrar approval:

- a new primary supervisor; or
- the branch of psychological practice.

If you change your branch of psychological practice, you must amend your plan to reflect the new branch and submit the change to the Registrar for approval. The Registrar does **not** need to approve:

- changes to dates;
- descriptions;
- client populations;
- re-allocation of hours;
- practice locations; or
- changes to secondary supervisor(s).

Yukon

Psychologist

Supervision Plan

Branch(es) of psychological practice:

Branch(es)					
Educational or School	☐	Clinical or Counseling	☐	Industrial or Organization	☐
Forensic	☐	Neuropsychology	☐	Rehabilitation	☐
Health	☐	Note:			

Location where hours will be completed:

Organization name:	
Address:	
Phone number:	
Email address:	

Primary supervisor's information:

Full name:	
Yukon registration number:	
Organization name:	
Work location:	
Phone number:	
Email address:	

Secondary supervisor's information (if applicable):

Attach additional pages as necessary for additional secondary supervisors

Full name:	
Yukon registration number:	
Organization name:	
Work location:	
Phone number:	
Email address:	

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Yukon

Psychologist

Anticipated hours of practice:

i.e. 8am to 4pm Monday through Thursday, 8hr days 4 days per week. Please indicate hours anticipated with each supervisor.

Anticipated date range of practice:

i.e June 1st, 2026, to August 31st, 2026, 50 days (excluding statutory holidays) at 8hrs per day. Please indicate date ranges anticipated with each supervisor.

Are there any anticipated interruptions during the supervision period, such as vacation or leave? Please indicate below.

Mid-term evaluation dates scheduled with each supervisor:

Final evaluation dates scheduled with each supervisor:

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Yukon

Psychologist

Supervision details:

Complete one table for each competency (sometimes referred to as "professional activity") that you will be doing under your chosen branch(es) of psychology. You will be required to complete at least 400 hours of practice for each competency under each branch of psychology.

Branch(es)					
Educational/School	☐	Clinical/Counseling	☐	Industrial/Organization	☐
Forensic	☐	Neuropsychology	☐	Rehabilitation	☐
Health	☐	Note:			

4 competencies (400 hrs each) are required to make up the 1600 hrs of supervised/evaluated practice under provisional registration. Interventions and formal assessment are mandatory competencies in the Yukon

Competency 1 (*Interventions and formal assessment are mandatory in the Yukon)					
Interventions*	☐	Formal Assessment*	☐	General Assessment	☐
Research	☐	Consultation	☐	Teaching	☐
Supervision	☐	Notes:			
You will be required to complete 400 hours of supervised/evaluated practice in this competency for each branch that you intend to practice in.					
Client populations that will be served under this competency					
Individual	☐	Family	☐	Child/Adolescent	☐
Adult	☐	Notes:			
Methods and/or tests that will be used under this competency (list all)					

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Yukon

Psychologist

Competency 2 (Interventions and formal assessment are mandatory in the Yukon)					
Interventions*	☐	Formal Assessment*	☐	General Assessment	☐
Research	☐	Consultation	☐	Teaching	☐
Supervision	☐	Notes:			
You will be required to complete 400 hours of supervised/evaluated practice in this competency for each branch that you intend to practice in.					
Client populations that will be served under this competency					
Individual	☐	Family	☐	Child/Adolescent	☐
Adult	☐	Notes:			
Methods and/or tests that will be used under this competency (list all)					

Competency 3					
Interventions*	☐	Formal Assessment*	☐	General Assessment	☐
Research	☐	Consultation	☐	Teaching	☐
Supervision	☐	Notes:			
You will be required to complete 400 hours of supervised/evaluated practice in this competency for each branch that you intend to practice in.					
Client populations that will be served under this competency					
Individual	☐	Family	☐	Child/Adolescent	☐
Adult	☐	Notes:			
Methods and/or tests that will be used under this competency (list all)					

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Yukon

Psychologist

Competency 4					
Interventions*	☐	Formal Assessment*	☐	General Assessment	☐
Research	☐	Consultation	☐	Teaching	☐
Supervision	☐	Notes:			
You will be required to complete 400 hours of supervised/evaluated practice in this competency for each branch that you intend to practice in.					
Client populations that will be served under this competency					
Individual	☐	Family	☐	Child/Adolescent	☐
Adult	☐	Notes:			
Methods and/or tests that will be used under this competency (list all)					

Competency 5 (if applicable).					
Interventions*	☐	Formal Assessment*	☐	General Assessment	☐
Research	☐	Consultation	☐	Teaching	☐
Supervision	☐	Notes:			
You will be required to complete 400 hours of supervised/evaluated practice in this competency for each branch that you intend to practice in.					
Client populations that will be served under this competency					
Individual	☐	Family	☐	Child/Adolescent	☐
Adult	☐	Notes:			
Methods and/or tests that will be used under this competency (list all)					

Attach additional pages if needed.

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Section A: Responsibilities of the supervisee

To be completed by the applicant (supervisee)

I will abide by the Standards of Practice for Yukon Psychologists and the Canadian Code of Ethics for Psychologists.

I will ensure that my supervisor is aware of all services I provide under their supervision and will seek their advice as necessary and will follow their guidance.

I will cooperate with my supervisor and provide them with access to all clinical records and, if applicable, billings that I render under this supervision plan. If for any reason my supervisor cannot provide supervision, I will notify the Registrar of Psychologists immediately and provide the name of another full licensee who is willing to supervise me.

If my supervisor is away for a period greater than three weeks, I will ensure that another full licensee is available to carry out the terms of this agreement. I will first obtain approval from the Registrar of Psychologists for another registrant in the full class to act as my primary supervisor.

I am aware that this supervision agreement is in place until I am granted full licensure with **full scope of practice** by the Registrar of Psychologists.

I understand my responsibilities as the supervisee in this agreement.

Signature **Date**

Yukon

Psychologist

Section B: Responsibilities of the supervisor(s)

To be completed by the proposed supervisor(s)

I will supervise the supervisee listed above in accordance with the Standards of Practice for Yukon Psychologists and the Canadian Code of Ethics for Psychologists.

I will ensure that I have proper professional liability insurance in place if the supervision is not covered by my employer's professional liability insurance.

I will notify the Registrar of Psychologists immediately if the supervisee is not compliant with the supervision requirements.

I have reviewed or will review the education, training, and experience of my supervisee, and will ensure that there is an appropriate match between the responsibilities of the supervisee and the level of supervision I offer. When I am not physically present, I will be available for consultation via telephone or internet.

I will provide reasonable notification to the supervisee if I will be away for a period greater than three weeks.

If I have concerns regarding the supervisee's competence to practice, I will report my concerns immediately to the Registrar of Psychologists.

I am competent in the psychological branch that I will be providing supervision in as well as all competencies that I will be supervising under the branch(es).

I understand my responsibilities as the supervisor in this agreement.

Primary supervisor signature **Date**

Secondary supervisor signature **Date**

Submit the completed Supervision Agreement to the Registrar of Psychologists at psychologists@yukon.ca

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