

Supervision / Mentorship CPC Form

| NAME OF APPLICANT | | |
|--|--|-----|
| YEAR OF LAST CERTIFICATION | | |
| Max of 2 credits / year | | |
| Direct clinical / non-clinical student supervision at a site accepting students who are eligible to sit the CBGC exam (per 25 hours) | | 1 |
| Providing direct professional supervision or mentoring including peer supervision | | 0.5 |
| _ist students supervised, number of weeks and hours / week | | |
| Student / mentee | | |
| Program | | |
| Number of weeks | | |
| Start and end date | | |
| Hours or supervision / week | | |
| Student / mentee | | |
| Program | | |
| Number of weeks | | |
| Start and end date | | |
| Hours or supervision / week | | |
| Student / mentee | | |
| Program | | |
| Number of weeks | | |
| Start and end date | | |
| Hours or supervision / week | | |
| TOTAL supervision / mentorship CPCs | | |

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