

# School Clinician Supervisor Declaration/Change of Supervisor



.....

**This form must be submitted if a change of supervisor is needed for any reason.**

**The decision to accept direct supervision hours from the previous clinical supervisor is at the discretion of the new clinical supervisor.**

Clinician Name Clinician Certificate Number Issue Date

Clinician Discipline Clinician Email Clinician Phone

Supervisor Name Supervisor Certificate Number

Supervisor Discipline Supervisor Email Supervisor Phone

Anticipated Start Date Anticipated End Date

.....

### Signatures:

Clinician Signature (in ink) Date

Supervisor Signature (in ink) Date

**Submit to: [SSUInfo@gov.mb.ca](mailto:SSUInfo@gov.mb.ca) at least one week prior to start of supervision.**