**CSPA INTERNSHIP SUPERVISOR VERIFICATION FORM**

This form is to be completed by the internship supervisor to determine if he/she meets the requirements to supervise and evaluate the consulting work of a CSPA Applicant. CSPA internship supervisors must meet the following supervision requirements:

1. At a minimum, hold a Master's degree in sport psychology or a related field.
2. Have at least **5 years** of consulting experience in different sport contexts.

1. **Internship Supervisor Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name: |  |  | First Name: |  |
| Institution/Affiliation: |  |
| Department: |  |
| Email: |  |
| Work Phone: |  |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Occupation:*(please check or highlight all applicable boxes):* | * Mental performance Consultant
* Registered clinical psychologist
* Professor/Teacher
* Researcher
* Health Practitioner
* Counsellor
* Administrator
* Other (please specify)
 |

|  |  |
| --- | --- |
| Highest degree completed:*(date, discipline, and institution)* |  |

**B. Internship Supervisor Evaluation**

1. Please describe the training and supervision you received to be able to consult in various sport contexts.

|  |
| --- |
|  |

1. Please describe the sport context(s) and consulting work you are currently doing or have done in the past over a minimum period of 5 years (e.g., teams, sports, competitive level, type of interventions/psychological skills training/counselling provided, etc.)\*

|  |
| --- |
|  |

1. Please describe your supervision skills or competencies that enable you to supervise the consulting work of CSPA applicants\*

|  |
| --- |
|  |

1. Please attach a copy of your most recent CV to the form.

**Internship Supervisor Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature (or type name): |  |  | Date: |  |

*Please email the completed form along with your CV directly to Dr. Diane Culver, Chair of the Review Committee at* *dculver@uottawa.ca*