**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**

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

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

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| 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.

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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.)\*

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

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

**Internship Supervisor Signature**

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| --- | --- | --- | --- | --- |
| 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*](mailto:dculver@uottawa.ca)