



# College of Veterinarians of British Columbia

## PROVISIONAL SUPERVISED ACTIVE (PSA) REGISTRATION - ADDITIONAL REGISTRANT SUPERVISOR AGREEMENT -

*Prior to commencement of supervision of the below-named PSA Registrant by an additional registrant supervisor, the additional supervisor must be approved by the Registrar. While initial approval may be provided via email or telephone communication, the office will require this form to be completed and submitted to the Registrar as soon as possible for documentation of the approval.*

**Name of Practice Facility:** \_\_\_\_\_ ('the Practice')

**Name of PSA registrant to be supervised:** \_\_\_\_\_ ('the PSA Registrant')

**Name of Primary Supervisor:** \_\_\_\_\_ ('the Primary Supervisor')

### Additional Supervisor's Declaration

I, \_\_\_\_\_ (please print name), certify that I:

- a) am a Private Practice registrant of the CVBC;
- b) am in good standing with the CVBC as defined in bylaw s. 1.1(12);
- c) have no current referrals ("citations") from the Investigation Committee to Discipline;
- d) have no conflict of interest (real or perceived) that may interfere with the supervision or objective evaluation of the supervisee. [*Please contact the CVBC to discuss any concerns or questions about possible conflicts of interest*]

I confirm that I have reviewed and understand the '*Registration Committee Policy: Requirements of a Primary Supervisor to a Provisional Supervised Active (PSA) Registrant*' and I understand that, in agreeing to accept delegation of supervision responsibilities by the Primary Supervisor and to act as an additional supervisor of the above-named PSA registrant, that I assume the responsibilities of supervision as outlined in that policy.

With this understanding, I agree to assume the role of an additional supervisor for the above-named PSA Registrant working under my direct supervision who is attending the Practice under a Provisional Supervised Active Registration to gain clinical experience in preparation for the Preliminary Surgical Assessment Examination and the Clinical Proficiency Examination (CPE). My role as additional supervisor is effective from:

Start Date: \_\_\_\_\_ (mm/dd/yyyy) to Anticipated End Date: \_\_\_\_\_ (mm/dd/yyyy).

I will promptly notify the Primary Supervisor, PSA Registrant and the CVBC should I need to or wish to terminate by supervisory responsibilities.

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FAX: 604-929-7095

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I have verified with the CVBC that the supervisee has been granted a Provisional Supervised Active Registration and that there is a valid, CVBC-approved Registrant Supervisor Agreement in place between the PSA Registrant and the Primary Supervisor named above..

I understand the Registrar must approve this agreement before commencement of any practice by the Registrant and reserves the right to terminate the arrangement.

Signature of Additional Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of Primary Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of the Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

*For office use only:*

Notes:

Registrar decision:

approve

refer to Registration Committee

deny

Registrar signature: \_\_\_\_\_ Date: \_\_\_\_\_