



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

1 Edenmills Drive, Toronto, ON Canada M1E 4L1

CCPC Head Office

1 Edenmills Drive, Toronto, Ontario M1E 4L1 Canada

Tel: (416) 724-5339 Fax: (416) 724-0884

Email: info@ccpcglobal.com

Western Canada Office

#3404 – 3000 Somervale Court SW, Calgary, Alberta T2Y 4J2

Tel: (403) 201-2123 Fax: (403) 254-8385

Email: wco@ccpcglobal.com

***CERTIFIED SOLUTION-FOCUSED
THERAPIST (CSFT) - PRACTITIONER (CSFP) - COACH (CSFC)***

**SESSION SUPERVISION RECORD
TO BE COMPLETED BY THE CANDIDATE**

Name of Candidate:

Address / City / Postal Code:

Candidate Signature

Work Tel

Home Tel / Cell

Email

Please list the supervision dates and type of contact (individual or small group, phone or video)
Attach a list if more room is needed. **Supervisors please read guidelines on page 6 of manual.**

| Sess # | Date / Duration / Descript | Supervisor Name | Learners Initial | Supervisors Initial |
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