

PACIFICA GRADUATE INSTITUTE

NOTIFICATION OF NEW SUPERVISOR FORM

I, _____ will begin supervision with
Print Student Name Track

_____ as of ____/____/____.
Print New Supervisor Name License Type Mo/Day/Yr

New supervisor contact information (**REQUIRED**):

Phone #: _____ Email: _____

Please check here if this new supervisor is also your new primary supervisor (the primary supervisor is the person who we email your quarterly supervisor’s evaluation to). *If you do not check here, your evaluations will continue to be emailed to the primary supervisor listed in your original Affiliation Agreement* and this supervisor will be considered a secondary supervisor.

I have submitted the following required forms:

- Affiliation Agreement (page 3 & 6)
- Copy of Supervisor’s License
- Responsibility Statement for Supervisors (**CA students only**)
- And Off-Site Supervisor Letter of Agreement (**if applicable**)

IF APPLICABLE:

I will no longer be receiving supervision from _____ as of ____/____/____.
Name of Terminated Supervisor Mo/Day/Yr

I have submitted the following required termination forms:

- Final Log of Hours with Terminated Supervisor

At the completion of each supervisory relationship, remember to obtain an Experience Verification Form from your state licensing board and have your supervisor sign it. In CA these are required for licensure.

Student Signature Date