

PACIFICA GRADUATE INSTITUTE

NOTIFICATION OF SUPERVISOR CHANGE OR TERMINATION

Please complete this form whenever you change or terminate with a supervisor.

Please be advised that I, _____
Print Name Track Year
will no longer be receiving supervision from _____
Name of Supervisor
as of ____/____/_____
Mo/Day/Yr

I have submitted the following required forms:

- Cumulative Supervisor’s Report (p. 63)
- Log of Hours

All forms are available at www.online.pacifica.edu/matrineeships.

I will be continuing supervision with _____
Name of New Supervisor
as of ____/____/_____
Mo/Day /Yr

I have submitted the following required forms:

- Affiliation Agreement
- Supervisor Responsibility Statement
- Copy of Supervisors License
- And/or Off-site Supervisor Letter of Agreement

At the completion of each supervisory relationship, remember to obtain an Experience Verification Form from your state licensing board (see list in Traineeship Guidelines).

Signature

Date

Pacifica Graduate Institute • Counseling Psychology Traineeship Office
249 LAMBERT RD • CARPINTERIA, CA 93013 • TEL: 805-879-7325