



## Supervisor-in Training Application

Name: \_\_\_\_\_ Phones: \_\_\_\_\_; \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Degrees (Institutions, majors, and dates):

Professional Credentials:

Honors:

References (Names, addresses, phone numbers, and emails):

Why have you chosen to become a clinical supervisor? Please attach a statement.

Please attach a statement describing a life event that convinces you that you are a clinical supervisor in formation.

Provide an attached statement concerning which theoretically reading in clinical supervision undergirds you desire to become a clinical supervisor and demonstrate how it helps shape your clinical theory and use of self in that practice.

Delineate in an attached statement the biggest ethical challenges you believe you face in providing clinical supervision.

Explain in an attached statement your reason for choosing to apply to the Bridgepath Inc. Training Program outlining the clinical supervision license(s) and cognate group(s) supervisory credential(s) you seek and your specific learning goals for supervision. Outline your plan for obtaining supervisees (in addition to person enrolled in the Bridgepath Psychotherapy Training Program) and means of gaining permission for supervising them through the Bridgepath Supervisors Training Program.

I have equipment to record the supervision that I provide for supervision of supervision: Yes No

IK possess a computer to access the Bridgepath Supervisee's Toolkit and for communicating with the training program Yes No

I have a cell phone for to be on call for my supervisees.  Yes No

I am attaching a mandatory photocopy of the face sheet for my professional liability insurance that covers me to supervise in the amount of \$1 million/ \$3 million.

Are you applying to any other training program or seeking any other supervision of supervision modality? Yes  No If Yes, please explain in an attached statement.

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Applicant Signature

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Date