



RMPTI ON-LINE SUPERVISION PROGRAM AGREEMENT

I have read and understand all of the on-line supervision program components and agree to maintain full confidentiality and professional responsibility as outlined in the on-line supervision program description.

Please print out and fill in this agreement for mailing purposes.

Date: _____

Last Name: _____

First Name: _____

Street address: _____

City _____ Prov/State _____

Postal code/zip _____ Country _____

email address: _____

Phone number with area code _____

Signature: _____

Confidentiality:

All aspects of counseling, such as intake information, assessment date, verbal/written records, and/or any other relevant client information is considered confidential. Further, I am aware of the limits of confidentiality and follow all legal and professional association guidelines. I attest that I have obtained appropriate levels of consent (client and agency) to share client sensitive information during on-line supervision.

Method of Payment - Please check one

_____ Visa _____ Mastercard

Card Number: _____

Expiry Date: _____

Cardholder Signature: _____

Please mail or fax this form. to:

Rocky Mountain Play Therapy Institute
1318-15th Avenue S.W. Calgary AB T3C 0X7
or Fax: 403 245-4137

You will be notified, via e-mail, within 48 hours of receipt of payment.