

## SSMLT Acknowledgement of Supervision Form

Applicant Name: \_\_\_\_\_

**Exam attempt:**

<input type="checkbox"/>	1 <sup>st</sup> Attempt	Professional Liability Coverage in place until exam results arrive
<input type="checkbox"/>	2 <sup>nd</sup> Attempt	Professional Liability Coverage <u>must</u> be purchased from CSMLS or equivalent
<input type="checkbox"/>	3 <sup>rd</sup> Attempt	Professional Liability Coverage <u>must</u> be purchased from CSMLS or equivalent

**Note:** Temporary practicing members for a 2<sup>nd</sup> or 3<sup>rd</sup> attempt must supply a copy of liability insurance to SSMLT to be eligible for a licence.

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**Conditions of Temporary Licence**

1. A Temporary member is required to work, at all times, under the direct supervision of a fully licensed MLT until initial assessment is complete. Following initial assessment temporary members must be monitored. A licenced practicing MLT must be on the premises at all times.
  2. Members practicing under a temporary licence are **not** eligible to supervise or evaluate employees or students.
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**Acknowledgement of Member**

I have read and understand the limitations applied to my practice and acknowledge the conditions under which I am required to work.

Place of Employment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgement of Supervisor/Manager**

Name of supervisor/manager(MLT) \_\_\_\_\_

Title \_\_\_\_\_ Location: \_\_\_\_\_

**Requirements:**

1. The initial assessment of competence must be made under constant observation and must be documented.
2. Once the initial assessment of competence has been made, and the MLT has been found to be competent, the MLT's performance is to be monitored continually but does not require constant observation. A licenced MLT must be on the premises at all times for consultation.

I acknowledge and agree that the person named above will work under the requirements outlined above.

I acknowledge and agree that the supervising MLT will be specifically designated and will be aware that they are specifically designated.

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

*(continued on next page)*

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**Acknowledgement of Employer**

To be signed by a person authorized on behalf of the employer of the Temporary member.

Name \_\_\_\_\_

Title \_\_\_\_\_

- I acknowledge and agree that (Name: \_\_\_\_\_) must, at all times, work under the direct supervision of a fully licensed MLT until such time as initial assessment is complete.
- I acknowledge and agree once the initial assessment of competence has been made, and the MLT has been found to be competent, the MLT's performance is to be monitored continually but does not require constant observation. A licenced MLT must be on the premises at all times for consultation.
- I have read and understand all terms and conditions, including supervision, initial assessment, MLT must be on the premises at all times, and the requirement for Professional Liability Insurance.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**SSMLT Policy on "Supervision"**

**SSMLT GUIDELINES  
FOR THE SUPERVISION OF MLTs  
WORKING ON TEMPORARY LICENSES**

Fully Licensed MLTs who undertake supervisory responsibilities for MLTs working on Temporary Licenses shall:

- ensure that their own professional expertise and supervisory ability are adequate for their responsibilities.
- explain and demonstrate the work to be done before permitting the MLT to perform the work.
- observe and evaluate, on an ongoing basis, the competence of the MLT being supervised and determine the level of supervision required.
- provide ongoing guidance and monitoring as required
- discuss any ongoing concerns regarding the MLT's performance with their supervisor/manager.
- verify results in accordance with the pre-established standards or objectives.
- provide feedback to the MLT being supervised concerning overall performance.