|  |  |
| --- | --- |
| 200-414 NPO | SAAM FORM 13  SUPERVISION DECLARATION FOR CPD POINTS |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mediator’s name) hereby declare that I received \_\_\_ hours of supervision from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisor’s name) during the year and we consent that this may be submitted as part of my / our 20\_\_\_\_\_ to 20\_\_\_\_\_CPD accreditation renewal.

Yours Faithfully

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mediator’s name) (Mediator’s signature)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor’s name) hereby confirm that I supervised

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mediator’s name) as detailed above and that we are entitled to CPD points for supervising and being supervised.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor’s name) (Supervisor’s signature)