



**PRINCIPAL SUPERVISOR'S ENDORSEMENT OF CTA WRITTEN EXAMINATION
Form 12.7.1**

Please have your principal supervisor complete this form and return it to the IBOC Office.

Please type or print.

Candidate's name: _____

Supervisor's name: _____

Supervisor's address: _____

_____ Telephone: _____

Field of application (*tick*):

Counselling ____ Education ____ Organizations ____ Psychotherapy ____

As principal supervisor I have supervised and read this candidate's written examination for CTA.

I confirm that the written study gives a true portrayal of my candidate's practice and I judge the examination to be of a passing standard.

Principal supervisor's signature: _____ Date: _____

In the space below, please list the names of any other persons who have either read or supervised this candidate's written examination and should therefore be excluded as a marker: