



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

Please have your 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 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.

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: