

**COLLEGE OF VETERINARIANS OF ONTARIO UNDERTAKING
RESTRICTED LICENCE with SUPERVISION**

To be completed and returned to the CVO Registrar before commencement of any practice by the supervised veterinarian.

Name of Practice: _____

Supervisee: _____
(Name of Veterinarian working under supervision)

Primary Supervisor: _____
(Name of Veterinarian providing supervision)

I, _____ (name of supervisor) am a holder of a licence who agrees and undertakes to assume the role of Primary Supervisor for the above-named veterinarian who is attending the Practice under a Restricted Practice Licence with a condition requiring supervision to practise clinically and who is preparing for the Clinical Proficiency Examination (CPE). I agree to provide supervision from: _____(mm/dd/yy) to _____(mm/dd/yy).

I have verified with the CVO that the supervisee has been granted a Restricted Licence with Supervision. Further,

- I have reviewed the [Licensure with Supervision Condition \(imposed by the Registration Committee\) policy](#) and understand my responsibilities under this policy.
- I understand that I am the Primary Supervisor and responsible for providing supervision of the supervisee, for coordinating and delegating supervisory responsibilities, acting as a key contact for the College and for the completion of any documents required by the College.
- I understand that I am expected to provide **direct**¹ supervision to the supervisee **for at least the first 480 hours of their practise**. I understand that I or my delegate are required to be on the same premises as the supervisee and onsite at all times when the supervisee is engaged in professional activities while under direct supervision.
- I understand that if I have determined that the supervisee can safely and competently carry out their clinical responsibilities after completing the mandatory 480 hours of practise under direct supervision, then I may initiate a supervision level change by completing and submitting an assessment form to the College that indicates the new level of supervision and for providing reasons for the change.
- I understand that I must provide supervision such that I am assured that the supervisee can safely and competently carry out their clinical responsibilities.
- I understand that the supervisee will be a holder of a Restricted licence, and as such, bears primary responsibility for their actions.

¹ **Direct Supervision:** the supervising veterinarian is on the same premises as the supervisee, although not present to see and hear the supervisee, is accessible to the supervisee in a timely and appropriate manner.

- I agree to ensure that the supervisee describes themselves only as a veterinarian working under supervision, and to monitor their use of the term.
- I understand that even though the supervisee may bear primary responsibility for their actions, I am accountable for the supervision that I provide to them and must ensure that such supervision is appropriate at all times commensurate with the risk involved in the activity being carried out by the supervisee.
- I agree to ensure that clients are aware that some services may be provided by a veterinarian working under supervision in accordance with the CVO's "Informed Owner Consent" Guidelines, and that for all surgical cases the consent form will identify the supervisee who will be performing the surgery.
- I agree to immediately notify the Registrar in writing if any of the following situations occur:
 - a. I believe that the supervisee has performed any act of professional misconduct or serious neglect
 - b. I believe that the supervisee is impaired
 - c. I believe the supervisee's practice may expose patients or clients to risk of harm or injury
 - d. I believe the supervisee is practising below standard
 - e. I am unable to continue in the role, or unable to fulfill obligations on a timely or temporary basis, e.g., due to illness, vacation, personal emergency, etc.
- I will also immediately notify the Registrar in writing if I am unable to fulfill my responsibility as supervisor, wish to terminate the agreement or if there has been a finding against me or penalty imposed on me by a CVO Committee.
- I agree to complete an assessment report on a form provided by the Registrar every 3 months and/or on request.
- I understand the Registrar must approve this agreement before commencement of any practice by the supervisee and the Registrar reserves the right to terminate the arrangement.
- I declare that there is no conflict of interest (real or perceived), such as personal relationships (e.g., employment, family, dating, business, friendship, etc.) that may interfere with my supervision or objective evaluation of the supervisee.
- I understand that this is a formal agreement and undertaking between me and the College of Veterinarians of Ontario.

Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

For office use only:

Registrar decision: <input type="checkbox"/> approve <input type="checkbox"/> deny	Notes: Date:
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