



Canadian Certified Counsellor (CCC) Application Form

Member ID: _____ (All applicants must be a member of CCPA in order to apply for certification)

INCOMPLETE FORMS WILL NOT BE PROCESSED

1. Applicant Information

Name:

First name: _____ Last name: _____

Other Legal Names: _____

Address:

Number and street: _____

City, Province, Postal code: _____

Email:

Email: _____

Telephone:

(home): _____ (cell): _____

(work): _____ (fax): _____

2. Education (Must hold a Master Degree in counselling or related field)

| | University | Year | Degree | Major |
|---|------------|------|--------|-------|
| Graduate Degree (s) | 1. | | | |
| | 2. | | | |
| Other graduate-level coursework or studies | 1. | | | |
| | 2. | | | |

3. Graduate-level coursework toward certification (located on transcript(s), minimum 8 full courses):

| Course Code | Course Title | Semester Completed |
|-------------|--|--------------------|
| | Counselling Theory (Compulsory) | |
| | Supervised Counselling Practicum/Internship (Compulsory) | |
| | Counselling & Communication Skills (Compulsory for graduates after Sept 2012) | |
| | Professional Ethics (Compulsory for graduates after Sept 2012) | |

3. Elective Courses

Applicants who graduated on or after September 2012 are required to have 4 elective courses. Applicants who graduated prior to September 2012 are required to have 6 elective courses. *Courses must align with CCPA's coursework areas, which are outlined in the Certification Guide*

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

4. Documentation: All applicants must provide each of the following pieces of documentation. Please check off each document that you have prepared or intend to submit

Official transcript

Sent directly from the University and containing the University seal and date on which the degree was conferred. If your degree has not yet been conferred, you may submit a letter in addition to the official transcript from the university or counselling program director stating that you have successfully completed all program requirements and identify the date on which your degree will be conferred.

Course descriptions from an official source

Course description from an official source for each graduate course being used for certification. A syllabus, course calendar or website print-out are acceptable. Please ensure that the syllabus contains the course description. Copy-pasted course descriptions or a URL link will not be accepted. Applicants who cannot obtain an official document can ask their University for archived copies. If archives are unavailable, the University must provide a letter attesting that they are no longer available in order for your application to be evaluated.

Vulnerable Sector Criminal Record Check

Must be the original document, conducted within the last 12 months. Photocopies, scanned copies and fax copies are not accepted. A criminal check obtained from an online source (such as myBackCheck) will not be accepted.

5. Pathways Documentation: All applicants must apply based on *either* Pathway ONE *or* Pathway TWO.

PATHWAY ONE, for applicants who graduated within the last five years. Education and Practicum Training:

Practicum Form(s) One form per practicum placement. Altogether the forms must attest to a total of 150 hours of direct client counselling.

TWO Reference Forms: Must be completed by a graduate-level counsellor, counsellor-educator, or counselling supervisor. The individual must be someone in a non-compliant relationship with you.

OR, PATHWAY TWO, for applicants who graduated over five years ago. Education and Work Experience:

Work Experience Form(s)

One form per employer/workplace. In total, Attesting to 800 hours of direct client counselling (the equivalent of 3 years of practice) within the last five years from the date of their application.

Current résumé.

TWO Reference Forms

One of which must be completed by a clinical supervisor who has engaged in formal supervisory activities according to CCC criteria and can speak to the applicant's competencies. Forms must be completed by a graduate-level counsellor, counsellor-educator, or counselling supervisor. The individual must be in a non-compliant relationship with you who knows you in your capacity as a counsellor within the past ten years.

6. Attestation: Please read carefully for important information regarding your application

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that any certification granted to me by the Canadian Counselling and Psychotherapy Association does not in and of itself specify licensure to practice counselling for a fee, monetary or otherwise. If I am granted certification by CCPA and practice counselling as a private practitioner, I do so at my own risk. I hereby release CCPA from any and all liability and/or claim that may arise from any decisions to practice privately as a Canadian Certified Counsellor. I also understand that certification depends upon my fulfilment of the required criteria for certification including application of the CCPA Code of Ethics. For research and statistical purposes only, data resulting from my participation in this process may be used in an unidentifiable manner. I understand that all material becomes the property of CCPA upon receipt and that originals will not be returned to me, with the exception of the Criminal Records Check (if requested by the applicant). I have also included a valid criminal Police check report conducted within the last 12 months or will get one to CCPA shortly.

*Applicant signature: _____

*Date: _____

Credit Card # (VISA, MASTERCARD, AMERICAN EXPRESS) _____

Expiry Date (MM/YY) _____

CVD _____

Card Holder's Name _____

Please complete the application form and return with payment. The total cost for certification is **\$170** (\$95 for application plus \$75 annual fee). The \$75 annual fee will be reimbursed if your application is not granted CCC.

Please send the form by Mail/Fax/Email to:
Canadian Counselling and Psychotherapy Association
6-203 Colonnade Rd. S
Ottawa, ON K2E 7K3
Fax: 613-237-9786
E-Mail: certification@ccpa-accp.ca