



**Canadian Certified Counsellor (CCC)
PATHWAY ONE: Practicum Form**

This form is intended for applicants following PATHWAY ONE. Please submit one form per practicum location.

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. Practicum Course and Site Information

Course code and title: _____

Name of your practicum course professor: _____

Dates of Practicum (mm/yy) - (mm/yy): _____

Agency or Institution: _____

Address: Number and street: _____
City, Province, Postal code: _____

This section refers to the practicum site supervisor who assumes primary responsibility for the student's work. On-site supervisors must have engaged in formal supervisory activities and meet the qualification requirements

3. On-Site Supervisor Information

Primary On-Site Supervisor Name: _____

Workplace and position title: _____

Email: _____ Telephone: _____

Graduate degree(s): _____ Specialization(s): _____

List your professional memberships / designations at the time you supervised the applicant:

Did you have **at least 4 years of post-graduate counselling experience** at the time that you entered into a supervisory relationship with the student? No Yes

*How many weekly hours of supervision did you provide? (*numeric values only*): _____

What types of supervision did you provide to the applicant (*check all that apply*):

- Direct observation Case consultation
 Taped sessions Class meetings
 Other (*please specify below*): Co-counselling / co-facilitating

*Is there any reason that you should not be considered an appropriate reference? (Please consider any dual relationship, role conflict, overlapping roles, personal relationship, conflict of interest, lack of knowledge of applicant's clinical work as a counsellor, outdated knowledge of applicant skills, etc).

- No Yes

Please complete the section below if there was more than one on-site supervisor who provided formal supervision at your practicum location. Any additional supervisors who do not fit on this page should be identified to CCPA.

4. Supplemental Supervisors. Please list any and all supplemental on-site supervisors, one per column.

Supplemental on-site supervisor name:			
Graduate degree(s) and specialization(s):			
Professional memberships / designations at the time you supervised the applicant:			
Did you have at least 4 years of post-graduate counselling experience before you began supervising the applicant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
What percentage of the student's direct client counselling did you supervise? Ex, 10% of their clinical cases.			
Was the supervision you provided to the applicant overseen by a more senior supervisor?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please identify the name, Graduate degree(s) and specialization(s) and professional memberships/ designations of the senior supervisor			

5. Hours of Practicum

	Total number of hours:
Direct client counselling hours with individuals, couples and families: NOTE: These area actual clock hours during which you work directly with clients providing real-time therapy. Co-counselling, single-session counselling and assessment activities are accepted. Intake and psycho-education activities cannot exceed 25% of the total number of direct client counselling hours.	
Additional group counselling hours: NOTE: These hours are in addition to the hours listed above. They refer specifically to group facilitation, if you completed any. CCPA recommends at least 20 hours, but this is not mandatory.	
Total number of on-site hours: NOTE: This amount should be the sum of your direct client hours above, group counselling hours above, and the amount of time you spent providing indirect services. Indirect services include note-taking, report-writing, supervision, research, consultation, preparation, etc. The total practicum hours should be the total amount of time you were on-site.	

Briefly describe the client population (age, milieu, typical presenting problem, etc.):

Describe the nature of the counselling services provided and the theoretical interventions you used:

Please summarize the amount of time (in the form of a percentage or number of weekly hours) the applicant spent engaging in various activities during this placement.

Intake: _____	Case and file management: _____
Counselling Sessions: _____	Supervision: _____
Group Counselling: _____	Consultation: _____
Assessments: _____	Other Activities (please describe): _____

The applicant can complete the form and sign. This form must be verified with a signature from either an on-site supervisor or practicum professor who can attest to the accuracy of the information on this form. It must then be submitted directly to CCPA Head Office.

If you have difficulty completing the practicum component of the requirements for certification, please CCPA's Certification Guide about alternate options for supplemental supervision and direct client counselling hours.

*Applicant's Signature: _____ *Date: _____

And either:

Practicum professor's name and title (printed): _____

Signature: _____ Date: _____

OR

On-site supervisor's name and title (printed): _____

Signature: _____ Date: _____

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