



Canadian Certified Counsellor (CCC) Reference Form

CCPA recommends that Referees complete this form and submit it directly to CCPA.
This form may be accessed by applicants under the Freedom of Information Legislation.

References must be provided by graduate-level counsellors, supervisors or counsellor educators who can speak to the applicant's counselling competencies within the last ten years. The referee must be in a non-compliant relationship with the applicant. All applicants must provide two reference forms with their application. PATHWAY TWO applicants must provide one reference from a clinical supervisor who has engaged in formal supervisory activities according to CCC criteria and can speak to the applicant's counselling competencies.

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. Referee Information

Referee Name: *First name: _____ *Last name: _____

Employer info: *Employer: _____
*Position Title: _____
*Email: _____ *Telephone: _____

Education: *Degree(s): _____
*Specialization(s): _____

*List your professional memberships / designations at the time that you worked with the applicant below:

*During what time frame were you familiar with the applicant's counselling skills? (mm/yy - mm/yy)

To

3. Professional Relationship with Applicant

In what capacity did you know the applicant? *Please check all that apply.*

- on-site practicum supervisor clinical supervisor
 professor or on-campus practicum supervisor supervisee (supervised by the applicant)
 employer colleague
 other (*please explain*): _____

*Please specify location where professional relationship took place below:

*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roles, personal relationship, conflict of interest, lack of knowledge of applicant's clinical work as a counsellor, outdated knowledge of applicant skills, etc).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

4. Supervision (*only supervisors must complete this section*)

Did you have **at least 4 years of post-graduate counselling** experience when you entered into a supervisory relationship with the applicant? No Yes N/A

*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

5. Evaluation of Professional Counselling Competencies (based on the CCPA Code and Standards, individual, couple/family or group counselling competencies must be evaluated)

	High	Average	Low	Cannot Evaluate
Individual counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couples or family counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to establish and maintain an effective working relationship with client(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work towards change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage closure and ending of therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows sensitivity to diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be objective on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for welfare of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of own limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	High	Average	Low	Cannot Evaluate
Supervisory abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to keep material confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow CCPA Code of Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Recommendation (*REQUIRED*)

*I recommend this applicant for certification as a Canadian Certified Counsellor: No Yes

Additional Comments (regarding the applicant's competence, awareness, ability to follow the CCPA Code of Ethics, etc):

ATTESTATION: The above recommendation is based upon my best judgement. I am willing to answer additional questions concerning this evaluation if CCPA deems it necessary.

*Referee 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