



Canadian Certified Counsellor (CCC) PATHWAY TWO: Work Experience Form

This form is intended for applicants following PATHWAY TWO. It documents an applicant's counselling work experience within the last five years. Please submit one form per employer.

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. Employment Site Information

Agency or Institution name: _____

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

Manager or Supervisor: _____

Telephone: _____ Email: _____

3. Applicant's Practice

Applicant's position title: _____

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

How many hours a **week** was the applicant employed? (numeric values only) _____

Approximately how many **client sessions** did the applicant provide each **week**? _____

Briefly describe the characteristics of the clientele and the nature **individual, couple or family counselling interventions** provided by the applicant:

Approximately how many **groups** did the applicant facilitate each **week**? _____

What was the typical length of each group session and the duration of each group? _____

Briefly describe the characteristics of the group clientele and the nature of the **group counselling interventions** provided by the applicant:

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 employment.

Intake: _____ Case and file management: _____

Counselling Sessions: _____ Supervision: _____

Group Counselling: _____ Consultation: _____

Assessments: _____ Other Activities (please describe): _____

The applicant and employer must co-attest to the accuracy of the information. In the case of individuals in private practice, the CCC Work Experience Form must still be signed by a professional at arms-length who can speak to the truth and accuracy of the information being provided; **self-attestation by the applicant is not sufficient.**

*Applicant's Signature: _____ *Date: _____

Name of Employer (printed): _____

*Employer's 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