



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

## Continuing Education Credit Application Form

Please use **one form from each event. FORM MUST BE SIGNED.**

Please submit the first page of this form along with the appropriate schedules. Only submit the schedule required for your event. **Please allow 2-6 weeks for review.**

<b>First &amp; Last Name (Print/Type):</b> _____		
<b>CCPA Member ID</b> (If you are not a member, a cheque must accompany this application): _____		
<b>Job Title &amp; Organization:</b> _____		
<b>Mailing Address:</b> _____		
<b>City:</b> _____	<b>Prov./State:</b> _____	<b>Postal Code:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____	

Types of Continuing Education Credit (check one)	Instructions for completing this form
<input type="radio"/> Independent Study/Peer Study	Complete Schedule A.
<input type="radio"/> Workshop/Conference/Webinar Graduate Coursework	Complete Schedule A. Proof of Attendance (ex. signature, certificate, transcript, etc).
<input type="radio"/> Presentation Development or Delivery	Complete Schedule A. Attach confirmation of presentation (ex. signature, program, etc)
<input type="radio"/> Professional Involvement/Volunteerism	Complete Schedule A. Attach activity log.
<input type="radio"/> Receiving Post-Graduate Supervision	Complete Schedule B. Attach statement signed by supervisor, log of dates and duration of sessions.
<input type="radio"/> Thesis/Dissertation Writing Scholarly Writing/ Applied Writing	Complete Schedule C. Attach copy of thesis/ dissertation or link to online version.

***"I certify that I participated in the event listed below and achieved the criteria necessary to obtain the Continuing Education Credits assigned to this event"***

**\*Applicant's Signature:** \_\_\_\_\_

### Fees:

<b>Members of CCPA:</b>	No cost to submit CEC applications. Transcript may be requested yearly at no cost.
<b>Non-Members:</b>	\$30 per application. Additional \$30 for issue of CEC transcript to third party.

### Options for submitting a completed form:

1. Save and email form to [cec@ccpa-accp.ca](mailto:cec@ccpa-accp.ca).
2. Print and fax form to: 613-237-9786
3. Print and mail form to:  
6-203 Colonnade Rd S Ottawa, ON, K2E 7K3



## Continuing Education Credit Application Form

**Schedule A:** Independent Study/Peer Study/ Workshop/Conference/Webinar/ Graduate Coursework/  
Presentation Development or Delivery/ Professional Involvement/Volunteerism

**Title of event/course**  
(ignore if submitting for  
professional involvement or  
volunteer work)

--

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Days:	Hours:

**Description of event/Summary of activities:** Include brochure or website of the event if applicable.

--

**Learning Outcomes:** **In your own words;** what did you learn? How have your knowledge, skills or competencies been enhanced? Please explain how each activity has contributed to your professional development.

--

**If attending an event, please include the following information regarding the leader and location:**

**Leader's Name and Qualifications:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_

### **Proof of Attendance**

It is recommended that you take this form with you to the event you are attending and have the workshop leader sign this form upon completion of the workshop. If this is not possible, please submit a certificate of attendance with your application. **Please note: Receipts or Registration is not a valid proof of attendance**

Signature or stamp of the educational event Leader/Speaker or Sponsor. (Please note that presenters can't sign it themselves to prove attendance):

**\*Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTHÉRAPIE

## Continuing Education Credit Application Form

### **Schedule B:** Receiving Supervision

#### **Nature of supervision:**

What did you learn? How have your knowledge, skills or competencies been enhanced? Please explain how the activity has contributed to your professional development and/or contributes to the advancement of the counselling profession. Please include a log of hours.

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Days:	Hours:

#### **Supervisor Information**

**Name** \_\_\_\_\_ **Years of Clinical Practice** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Education** \_\_\_\_\_

**Professional Designation/Membership** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_



## Continuing Education Credit Application Form

### **Schedule C:** Scholarly/Applied Writing or Thesis/Dissertation Writing

*\*Please note that a copy of your writing must be included as part of the application for continuing education credits.*

**Title of article/book**

**APA-style  
Reference**

**Link to online  
version**

If you are including a copy of the book, would you like it returned to you? Yes No

**Hours and date of writing:**

Start Date MM/DD/YY	END Date MM/DD/YY	Number of hours invested