



Canadian Certified Counsellor (CCC) Basic Pre-Evaluation Application Form

Basic Pre-evaluation is for applicant's with both of the following considerations:

- Canadian and USA (regionally accredited degrees)
- Evaluation of course work and/or Practicum

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 (Any education or training that is not completed at an acceptable post-graduate institution, or is not at the graduate level, is not eligible):

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

Graduates who conferred their degree prior to September 2012 are not required to have standalone coursework in Counselling and Communication Skills and Professional Ethics. They must instead have completed the 6 elective courses, rather than four.

1.		
2.		
3.		
4.		
5.		
6.		

4. Supporting Documentation:

A copy of your transcript and course descriptions must be provided with your application. Only education completed at an acceptable University and at the graduate level can be evaluated. In addition, please identify which additional documentation you wish to provide for evaluation by the Registrar. Your file will be sent for evaluation once all identified documents are received.

- Practicum Form(s).** One form per practicum placement.
- Work Experience Form(s).** One form per employer/workplace. Letter(s) from employers may also be a suitable alternative if they describe the nature of work and number of hours of employment.
- 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. Pathway Two applicants must provide at least one Reference Form from a clinical supervisor who has engaged in formal supervisory activities according to CCC criteria and can speak to the applicant's competencies.
- Resume / CV**
- Other (please describe):** _____

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: _____

The total cost for this application is \$40.00. Payment can be provided by cheque, money order, credit card and Visa Debit.

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

Expiry Date (MM/YY) _____

Card Holder's Name _____

*Signature: _____

*Date: _____

Please send the form by Mail/Fax/Email to:
Canadian Counselling and Psychotherapy Association
202 - 245 Menten Place
Ottawa, ON, K2H 9E8
Fax: 613-237-9786
E-Mail: certification@ccpa-accp.ca