



## 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**? \_\_\_\_\_

What was the duration of each session? \_\_\_\_\_

What is the total amount of direct client counselling hours you provided during the course of your employment? \_\_\_\_\_

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  
202 - 245 Menten Place

Ottawa, ON, K2H 9E8  
Fax: 613-237-9786  
E-Mail: [certification@ccpa-accp.ca](mailto:certification@ccpa-accp.ca)