



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