



Canadian Certified Counsellor (CCC) Basic CCC Eligibility Assessment

Basic CCC Eligibility Assessment is for members who graduated from:

- Members of CCPA
- Counselling or counselling related degrees

Member ID: _____

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 graduate degree in counselling or related field)

	University	Year	Degree	Major
Graduate Degree (s)	1.			
	2.			

3. Graduate-level coursework (Any education or training that is not completed at an acceptable 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 (please refer to corresponding section in the Certification Guide)

1.		
2.		
3.		

3. Elective Courses (continued)

4.		
5.		
6.		

4. Supporting Documentation: applicants must provide

A copy of your transcript and course descriptions must be submitted with your application; please see the corresponding section on the Certification Guide. In addition, please identify which additional documentation you wish to provide for evaluation by the Registrar.

- CCC Practicum Form(s).** One form per practicum placement.
- CCC 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 CCC Reference Forms (optional):** completed, signed, and submitted by clinical references. Note: If you are a Pathway 2 applicant, one reference must be from a clinical supervisor.
- 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 the outcome of my application depends upon my demonstration of how my application satisfies the required criteria, including presenting relevant coursework in Section 3 for consideration by the Registrar. I will practice in accordance with CCPA's Code of Ethics. I have included a valid criminal records check with vulnerable sector screening conducted within the last 12 months or will submit one to CCPA shortly. 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. 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).

***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 # (Accepted methods: VISA, MASTERCARD, AMERICAN EXPRESS) _____

Expiry Date (MM/YY) _____ **CVD** _____

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