



## Canadian Certified Counsellor (CCC) PATHWAY ONE: Practicum Form

This form may be accessed by applicants under the Freedom of Information Legislation. This form is for applicants following PATHWAY ONE. Please submit one form per practicum location.

**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. Practicum Course and Site Information

Course code and title: \_\_\_\_\_

Name of your practicum course professor: \_\_\_\_\_

Dates of Practicum (mm/yy) - (mm/yy): \_\_\_\_\_

Practicum Site Name: \_\_\_\_\_

Practicum Address: \_\_\_\_\_

This section refers to the *on-site* practicum supervisor who assumes primary responsibility for the student's work. On-site supervisors must have engaged in formal supervisory activities and meet the qualification requirements. All other supervisors must be listed in Section 4.

### 3. On-Site Supervisor Information

On-Site Supervisor Name: \_\_\_\_\_

Workplace and position title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Graduate degree(s): \_\_\_\_\_ Specialization(s): \_\_\_\_\_

List your professional memberships / designations at the time you supervised the applicant (no acronyms):  
\_\_\_\_\_

Did you have at least 4 years of post-graduate counselling experience at the time that you entered into a supervisory relationship with the student?  
 No  Yes

How many weekly hours of supervision did you provide? (numeric values only): \_\_\_\_\_

What types of supervision did you provide to the applicant (check all that apply):

- Case consultation                       Direct observation  
 Class meetings                             Taped sessions  
 Other (please specify below):         Co-counselling / co-facilitating

Is there any reason that you should not be considered an appropriate supervisor? (Please consider any dual relationship, role conflict, overlapping roles, personal relationship, conflict of interest, lack of knowledge of applicant's clinical work as a counsellor, outdated knowledge of applicant skills, etc).

No     Yes

Applicants must indicate all additional supervisors who provided formal supervision under Section 4 below, if applicable. Any additional supervisors who do not fit on this page should be identified to CCPA.

**4.A. Additional Supervisors.** Please list any and all formal supervisors, one per column.

Additional supervisor name:		
Graduate degree(s) and specialization(s):		
Professional memberships / designations at the time supervision occurred:		
Did the supervisor have at least 4 years of post-graduate counselling experience before they began supervising the applicant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
What percentage of the student's direct client counselling did they supervise? Ex, 10% of their clinical cases.		

**4.B. Supervisor of Supervisor.** Please list any individuals who supervised the supervision provided to the applicant.

Supervisor Name: \_\_\_\_\_

Workplace and position title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Graduate degree(s): \_\_\_\_\_ Specialization(s): \_\_\_\_\_

List their professional memberships / designations when supervision occurred: \_\_\_\_\_

Did they have at least 4 years of post-graduate counselling experience when supervision occurred?

No     Yes

Individual who received supervision: \_\_\_\_\_

**5.A. Scope of Practice** (please refer to the definition on CCPA's website)

Briefly describe the client population (age, milieu, typical presenting problem, etc.):

Describe the nature of the counselling services provided and the theoretical interventions you used:

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5.B. Hours of Practicum	Total number of hours:
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<b>Direct client counselling hours with individuals, couples and families:</b> Time spent working directly with clients providing real-time therapy.	
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<b>Additional group counselling hours:</b> Time spent working with groups. These hours are in addition to the hours listed above.	
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<b>Total number of on-site hours:</b> These are the total amount of hours you were on-site. They include your direct client hours above, group counselling hours above, and the amount of time you spent providing indirect services (note-taking, report-writing, supervision, research, consultation, preparation, etc.).	
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Please summarize the amount of time (in the form of a percentage, within 100%, or number of weekly hours, within 40 hours/week) the applicant spent engaging in various activities during this placement.

Direct Counselling Hours

Indirect Counselling Hours

\*Intake: \_\_\_\_\_

Case and file management: \_\_\_\_\_

Counselling Sessions: \_\_\_\_\_

Supervision: \_\_\_\_\_

Group Counselling: \_\_\_\_\_

Consultation: \_\_\_\_\_

\*Assessments: \_\_\_\_\_

Other Activities (please describe):  
\_\_\_\_\_

\*Please note intake and assessment cannot exceed 25% of total counselling hours.

**6. Attestation (REQUIRED)**

**ATTESTATION:** I attest to the accuracy of this information. I am willing to answer additional questions concerning this evaluation if CCPA deems it necessary. I understand and consent to be contacted in follow-up to the provided information on the CCC Practicum Form.

The applicant can complete the form and sign. This form must be verified with a signature from either an on-site supervisor or practicum professor who can attest to the accuracy of the information on this form.

\*If a digital signature is provided by either the practicum professor or on-site supervisor, the form must be sent to CCPA directly from the individual who has provided the digital signature by email.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**And either:**

Practicum professor's name and title (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

On-site supervisor's name and title (printed): \_\_\_\_\_

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)