



**Canadian Certified Counsellor - Supervisor (CCC-S) Application Form**  
**PATHWAY THREE: CLINICAL SUPERVISOR TRAINING**

Supervisory designation obtained through another Canadian or International Professional Association with requirements equivalent to or greater than CCPA's supervisor certification process. Please note that you must hold the designation of CCC in order to apply for the supervisor certification.

**NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED**

**1. Applicant Information**

**Name:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Other Legal Names: \_\_\_\_\_

**CCPA Member #:**

\_\_\_\_\_

**Address:**

Number and street: \_\_\_\_\_

City, Province, Postal code: \_\_\_\_\_

**Email:**

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

**Telephone:**

(home): \_\_\_\_\_ (cell): \_\_\_\_\_

(work): \_\_\_\_\_ (fax): \_\_\_\_\_

**2. Documentation: The following documents MUST BE ATTACHED to this application to demonstrate completion of supervisory requirements:**

**Documentation of Clinical Experience:**

Provide clear documentation of a minimum of five (5) years of post-graduate clinical experience as a practicing counsellor or equivalent relevant experience, within the past ten (10) years, with a minimum of 800 work hours per year. This experience must be attained subsequent to earning a master's degree or higher in the area of counselling or a related field. Types of documentation to be provided include CCPA's Work Experience Form, a letter of confirmation of employment from an employer or accountant, or a self-declaration/attestation with sufficient detail to confirm that this criterion has been met.

**Summary of Employment:**

Submit a current CV, résumé, or a portfolio that summarizes employment history, including positions held, location, duties, and contact information for employers and/or supervisors.

**Summary of Clinical Supervisory Training:**

Submit a brief narrative summary of clinical supervision training (e.g., workshops, courses, workplace apprenticeships, and/or supervisory experiences).

**Equivalent Supervisory Designation:**

Submit documentation that includes a URL and evidence of the standards for the clinical supervision designation or credential being equivalent to or more rigorous than CCPA's standards. The demonstration of equivalency must address, in detail, the assessment areas described above

**Direct Supervision:**

Submit a summary of their supervisory history, which may be evidenced through a letter of employment from an agency and detailed resume, or a detailed self-attestation by the applicant containing sufficient detail including the number of supervisees overseen, the frequency and duration of clinical supervision sessions, supervisory modalities and methods implemented, and the total number of hours of supervision provided. A notarized self-declaration/attestation with sufficient detail may also be accepted.

**3. Declarations:**

- I confirm that I am a member in good standing with CCPA
- I agree to commit to ongoing professional development in the area of supervision. Each renewal period (3 years), certified supervisors must complete six (6) Continuing Education Credits (CECs) in the area of clinical supervision. These CECs will count towards the thirty-six (36) CECs required to renew the CCC certification.
- I confirm that I do not have a criminal record.
- I further confirm that I do not have any other history of personal and professional conduct that conflicts with the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association. Specifically, I confirm each of the following statements:
  - 1) I have no active ethical complaints under investigation by an Association, regulatory College, legal system or entity.
  - 2) I have not been the subject of an ethics investigation that resulted in disciplinary sanctions (including educative, reparative, or other corrective required actions)
  - 3) I have not been named in a civil suit.
  - 4) I have not been denied membership in a professional association or registration in a regulatory college for counselling or a related field.
  - 5) I have never been refused, or dismissed from, employment based on my conduct.

If I cannot confirm all of the statements above, I will attach details to be taken into account when considering this application for membership

- I confirm that I possess professional liability insurance for my practise as a counsellor and as a supervisor.
- I confirm that I have read, understood and am committed to practising in accordance with CCPA's Code of Ethics and Standards of Practice for Counsellors.

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 or offer supervision for a fee, monetary or otherwise. If I am granted certification by CCPA and practise counselling or offer supervision, 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 practise as a Canadian Certified Counsellor-Supervisor. 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.

**\*Applicant signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

#### 4. Payment

Payment can be made online by logging into the Member Portal, providing payment information below, or by mailing a cheque to CCPA National office.

Application Fee = \$150

Annual Renewal = \$35 (refundable by request in the event that the application is not approved)

Total = \$185

#### Credit Card #

(Accepted methods: VISA, MASTERCARD, AMERICAN EXPRESS)

Expiry Date (MM/YY)

CVD

Card Holder's Name

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)