



## Canadian Certified Counsellor - Supervisor (CCC-S) Annual Renewal Form

\*Please note that you must hold the designation of CCC in order to apply for renewal of your supervisor certification\*

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

1. Applicant Information		
Last Name: _____	First Name: _____	CCPA Member ID: _____
Address: _____		
City, Prov/Terr: _____	Postal code: _____	E-Mail: _____
Tel (H): _____	Tel (W): _____	Fax: _____
2. Documentation		
<b>The following documents <u>MUST BE ATTACHED</u> to this application:</b>		
<ul style="list-style-type: none"><li>• A brief summary of the nature of supervision <b>provided</b> over the previous year (12 hours required) including log of dates; duration of sessions; supervisee status (graduate student or post-degree supervisee); and supervisee practice setting (e.g., school, college/university counselling centre, community mental health clinic, private practice). To record this, you can use the Supervision Log that is available below on page 2.</li><li>• Provide evidence of completion of continuing education requirements. Each year, certified supervisors must complete 4 CECs in the area of supervision. These CECs will count towards the 36 CECs required to renew the CCC certification.</li></ul>		
3. Declarations		
<ul style="list-style-type: none"><li>• I confirm that I possess professional liability insurance.</li><li>• I confirm that I have read, understand and am committed to practising in accordance with CCPA's <i>Code of Ethics</i> and <i>Standards of Practice for Counsellors</i>.</li><li>• I confirm I will adhere to CCPA's <i>Code of Ethics</i> and <i>Standards of Practice</i>, particularly boundaries of competence as a supervisor with respect to supervisees' areas of practice and treatment modalities utilized.</li><li>• I certify that all information contained in, or referenced by, this CCC-S renewal application is complete and accurate and is not false or misleading.</li></ul>		
_____ 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: [cec@ccpa-accp.ca](mailto:cec@ccpa-accp.ca)



CCC-S SUPERVISION LOG			
<i>Date</i>	<i>Session Duration</i>	<i>Supervisee Status / Membership</i>	<i>Practice Setting</i>
Type(s) of Supervision provided: <input type="checkbox"/> Direct observation <input type="checkbox"/> Review of recorded sessions <input type="checkbox"/> Co-counselling / Co-facilitating <input type="checkbox"/> Live Supervision <input type="checkbox"/> Structured Peer Supervision <input type="checkbox"/> Supervision of Supervision <input type="checkbox"/> Other (please specify):			
<i>Date</i>	<i>Session Duration</i>	<i>Supervisee Status / Membership</i>	<i>Practice Setting</i>
Type(s) of Supervision provided: <input type="checkbox"/> Direct observation <input type="checkbox"/> Review of recorded sessions <input type="checkbox"/> Co-counselling / Co-facilitating <input type="checkbox"/> Live Supervision <input type="checkbox"/> Structured Peer Supervision <input type="checkbox"/> Supervision of Supervision <input type="checkbox"/> Other (please specify):			
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<b>Total Supervision Hours:</b> 12 hours per year for renewal			