



## Canadian Certified Counsellor (CCC) Reference Form

CCPA recommends that Referees complete this form and submit it directly to CCPA. Once a reference is received by CCPA, it cannot be redacted or withdrawn. Please note that references can be accessed by applicants with the referee's consent or through the [Privacy Act and Personal Information Protection and Electronic Documents Act](#).

References must be provided by graduate-level counsellors, supervisors or counsellor educators who can speak to the applicant's counselling competencies within the last ten years. The referee must be in a non-compliant relationship with the applicant. All applicants must provide two reference forms with their application. PATHWAY TWO applicants must provide one reference from a clinical supervisor who has engaged in formal supervisory activities according to CCC criteria and can speak to the applicant's counselling competencies.

**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. Referee Information

**Referee Name:** \*First name: \_\_\_\_\_ \*Last name: \_\_\_\_\_

**Employer info:** \*Employer: \_\_\_\_\_  
\*Position Title: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

**Education:** \*Degree(s): \_\_\_\_\_  
\*Degree Specialization(s): \_\_\_\_\_

\*List your professional memberships / designations at the time that you worked with the applicant below (please include the full name of the association or college, no acronyms):  
\_\_\_\_\_  
\_\_\_\_\_

\*During what time frame were you familiar with the applicant's counselling skills? (mm/yy - mm/yy)

To \_\_\_\_\_

### 3. Professional Relationship with Applicant

In what capacity did you know the applicant? *Please check all that apply.*

- primary clinical practicum supervisor     clinical supervisor  
 university professor (practicum)     supervisee (supervised by the applicant)  
 university professor (other courses)     colleague  
 employer  
 other (*please explain*): \_\_\_\_\_

\*Please specify location where professional relationship took place below:  
\_\_\_\_\_

\*Is there any reason that you should not be considered an appropriate reference? (Please consider any dual relationship, role conflict, overlapping roles, personal relationship, conflict of interest, supervisee, lack of knowledge of applicant's clinical work as a counsellor, outdated knowledge of applicant skills, etc).  No     Yes

### 4. Supervision (*only individuals listed as supervisors in Section 3 must complete this Section*)

Did you have **4 years of post-graduate counselling** experience when you supervised the applicant?

- No     Yes     N/A

Please indicate how often supervision with the applicant took place (check the box below that applies):

- Weekly     As needed     Occasionally     Other: \_\_\_\_\_

\*What was the total hours of supervision provided to the applicant? (*numeric values only*): \_\_\_\_\_

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

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

### 5. Evaluation of Professional Counselling Competencies (based on the CCPA Code and Standards, individual, couple/family or group counselling competencies must be evaluated)

	High	Average	Low	Cannot Evaluate
Individual counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couples or family counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counselling skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to establish and maintain an effective working relationship with client(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work towards change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage closure and ending of therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows sensitivity to diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be objective on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	High	Average	Low	Cannot Evaluate
Concern for welfare of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of own limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to keep material confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow CCPA Code of Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Recommendation (REQUIRED)**

\*I recommend this applicant for certification as a Canadian Certified Counsellor: No Yes

Additional Comments (regarding the applicant's competence, awareness, ability to follow the CCPA Code of Ethics, etc):

**ATTESTATION:**

I attest to the accuracy of the information on this form. 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 this form.

Do you have any concerns about the applicant's fitness to practice, including but not limited to concerns about their ethical and competent practices (any concerns that you are aware of will be disclosed to the Registrar)?  No  Yes \*If yes, please describe:

Are you aware of any concerns about the applicant's fitness to practice raised by other educators, clinical supervisors, administrative supervisors, clients or other individuals involved in the applicant's practicum training (any concerns that you are aware of will be disclosed to the Registrar)?  No  Yes \*If yes, please describe:

\*If a digital signature is provided by the reference, the form must be sent to CCPA directly from the individual who has provided the digital signature by email.

\*Referee 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)