



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

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. Documentation

The following documents MUST BE ATTACHED to this application:

- A brief summary of the nature of supervision **provided** over the previous three years (18 hours required, of which 9 hours must be direct supervision) 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).
- Provide evidence of completion of continuing education requirements. Each three (3) year renewal period, certified supervisors must complete 6 CECs in the area of supervision. These CECs will count towards the 36 CECs required to renew the CCC certification.

4. Declarations

- I confirm that I possess professional liability insurance.
- I confirm that I have read, understand and am committed to practicing in accordance with CCPA's *Code of Ethics and Standards of Practice for Counsellors*.
- I confirm I will adhere to CCPA's *Code of Ethics and Standards of Practice*, particularly boundaries of competence as a supervisor with respect to supervisees' areas of practice and treatment modalities utilized.
- 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.

***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

CCC-S SUPERVISION LOG

Date	Session Duration	Supervisee Status/ Membership	Practice Setting	Type(s) of Supervision Provided
				<input type="checkbox"/> Direct observation <input type="checkbox"/> Live Supervision <input type="checkbox"/> Co-counselling/Co-facilitating <input type="checkbox"/> Structured Peer Supervision Other: _____
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Total Supervision Hours:
 18 hours per renewal period (3 years).
 9 of these hours must be direct.

***Signature:** _____

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