



## Canadian Clinical Supervisor (CCS) Annual Renewal Form

**\* 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.

### 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 CCS renewal application is complete and accurate and is not false or misleading.

**\*Signature:** \_\_\_\_\_

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

Please send the form by Mail/Email to:  
Canadian Counselling and Psychotherapy Association  
202 - 245 Menten Place, Ottawa, ON, K2H 9E8  
E-Mail: [cec@ccpa-accp.ca](mailto:cec@ccpa-accp.ca)

## CCS 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: _____ <span style="float: right;"> <input type="checkbox"/> Review of recorded sessions  <input type="checkbox"/> Supervision of supervision                     </span>
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**Total Supervision Hours:**  
 18 hours per renewal period (3 years).  
 9 of these hours must be direct.

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