



Continuing Education Credits (CECs) Pre-Accreditation Application Form

Options for submitting completed form:

1. Save and email form to cec@ccpa-accp.ca.
2. Print and fax form to: 613-237-9786
3. Print and mail form to:
202 - 245 Menten Place
Ottawa, ON, K2H 9E8

Please select one of the following:

- Organization/Presenter
 Possible Attendee

INSTRUCTIONS FOR COMPLETING THIS FORM:

NOTE: Use one form for each event.

- Allow six (6) weeks for processing.
- All fields are mandatory unless otherwise indicated.
- This form is to be used for events that have not yet taken place. If you are applying for CEC's for a past event, please use the CEC Application Form.

Title: _____
Location: _____
Event Sponsor: _____
Leader: _____
Telephone: _____ Fax: _____
Email (of event organizer): _____
Website: _____

Duration:

Start Date:	End Date:	Days:	Hours:

Description of the Educational Event for which CECs are being requested

(Please include brochure of event if available):

Learning Goals or Expected Outcomes (what the participants will learn or be able to do as a result of this event):

Instructional methods to be used and approximate time devoted to each method:

The kind and amount of feedback, coaching or performance appraisal of individual participants:

The system utilized to evaluate the event and to evaluate if the learning goals and objectives were achieved:

Follow-up procedures, out of session, or homework assignments made:

Contact information for CEC Pre-Accreditation individual session form:

ONLY IF FORM IS FILLED OUT BY ORGANIZER OF EVENT

Please Note: When your event is pre-accredited, the individual session form will be sent to the name listed below by fax or email.

Name: _____

Phone: _____ **Fax:** _____

Email: _____

ONLY IF FORM IS FILLED OUT BY A POSSIBLE ATTENDEE OF EVENT

Name: _____

Email: _____ **CCPA Member #:** _____



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Self Declaration

I confirm that I/the event facilitator is/am a member of and in good standing with my/their provincial counselling/psychotherapy regulatory college or with my/their counselling/psychotherapy association.

I confirm that I/they do not have any history of personal and/or professional conduct that conflicts with the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association (CCPA).

If I cannot confirm one or more of the above noted statements, I will attach the details of why I cannot confirm the statement(s) in a letter of explanation that will be taken into account in the review of this application for new or repeated events.

Signature

Date

