



Continuing Education Credits (CEC's) Pre-Accreditation Application Form

NOTE: Use one form for each event.

Options for submitting completed form:

1. Save and e-mail form to: cec@ccpa-accp.ca
2. 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:

- **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.

Payment:

The cost for non-members and organizations is \$50 per application. An invoice will be generated and, sent by email to you, upon receipt of each application. The invoice will be payable prior to evaluation.

Title: _____

Location: _____

Event Sponsor: _____

Leader: _____

Telephone: _____ Fax: _____

Email (of event organizer): _____

Website: _____

Duration:

CCPA use only:

Code: _____ Credits: _____

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 e-mail.

Name: _____

Phone: _____ **Fax:** _____

Email: _____

Please select all that apply:

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).

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.

CCPA reserves the right to further examine the background and credentials of those who are not a member of a regulatory body.

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

Name: _____

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