



Canadian Certified Counsellor

Pathway 1- Application and Practicum Form

Please submit all documents to certification@ccpa-accp.ca

SECTION 1: APPLICANT INFORMATION

1. Applicant Information

CCPA Member #: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone 1: _____

Email: _____

2. Education

	University	Year	Degree Title	Specialization (as it appears on transcript)
Graduate Degree(s)	1.			
	2.			

Course Code(s)	Course Title	Semester Completed
	Counselling Theory	
	Counselling Practicum/Internship Compulsory for graduates after 2003	
	Counselling Skills Compulsory for graduates after 2012	



	Professional Ethics Compulsory for graduates after 2012	
Electives (please refer to the corresponding section in the Certification Guide)		

3. Payment

Once your completed C.C.C. Application is submitted to, and processed by the Certification Team, you will be automatically invoiced for the registration. You will be notified of this via CCPA System Email and will be able to pay this under the Invoices & Receipts section of your member profile.

Payment can be made online by logging into the Member Portal at <https://members.ccpa-accp.ca>. The total cost for certification is **\$180** (\$95 for application plus \$85 annual fee). The \$85 annual fee will be reimbursed if your application is not granted C.C.C.



SECTION 2: PRACTICUM INFORMATION

Please note that applicants can access the form with the consent of the co-signer or under the *Personal Information Protection and Electronic Documents Act*.

1. Practicum Course and Site Information

Please submit a separate form for each placement

Practicum Site Name: _____

Practicum Address: _____

Practicum Supervisor: _____

Dates of Practicum (mm/yy) - (mm/yy): _____ to _____

2. Clinical Supervisor(s) Information

Applicants must indicate all additional supervisors who provided formal supervision, if applicable. Any additional supervisors who do not fit on this page should be identified to CCPA.

	Primary Supervisor	Secondary/Other
(On-site) Clinical Supervisor Name		
Graduate Degree Name		
Graduate Degree Specialization/Major		
Email		
List your professional memberships / designations at the time you supervised the applicant (no acronyms):		



Did you have at least 4 years of post-graduate counselling experience at the time that you entered into a supervisory relationship with the student?	Yes No	Yes No
What percentage of the applicant's caseload did you supervise (%)? (must add to 100%)		
How many hours of supervision did you provide the applicant?		

3. Direct Supervision (NEW! Missing this requirement may result of in a CCC-Qualifying outcome)

Please note that the Certification Committee has added a requirement indicating that the practicum must include a minimum of 10 hours of direct supervision.

Direct supervision includes observational techniques such as sitting in the counselling room, standing behind a one-way mirror, and using video or other forms of telecommunication. It also includes interactive approaches such as co-therapy, use of a one-way mirror with phones or bug-in-the-ear (a wireless earphone placed in the ear of the supervisee through which the supervisor can communicate during the session), bug-in-the-eye (BITE), modeling, and demonstration.

Examples: Supervisor and Supervisee Co-Counselling Supervisor and Supervisee Co-Facilitation

Direct Observation Live Supervision Review of Session Recordings

During the practicum, how many hours of direct supervision from both the practicum seminar and on-site supervision?



4. Supervisor of Supervisor Information (if applicable)

Supervisor of Supervisor Name	
Graduate Degree Name	
Graduate Degree Specialization/Major	
Email	
List your professional memberships / designations at the time you supervised the supervisor (no acronyms):	
Did you have at least 4 years of post-graduate counselling experience at the time that you entered into a supervisory relationship with the supervisor?	Yes No
Name of supervisor who received supervision	

5. Scope of Practice

Briefly describe the client population (age, milieu, typical presenting problem, etc.):

Describe the nature of the counselling services provided and the theoretical interventions you used:



6. Practicum Hours

Individual, Couple and Family Counselling	Hours	Group Counselling	Hours
Relational sessions <i>(a standard counselling session)</i>		Relational sessions <i>(a standard group counselling session)</i>	
*Psychoeducation <i>(session devoted to providing information)</i>		Psychoeducation <i>(session devoted to providing information)</i>	
*Intake		Manualized session	
*Assessment		----	----
Total		Total	
<i>*Please note intake, assessment, psychoeducation cannot exceed 25% of total counselling hours.</i>			
Total DCC Hours (add both totals) _____			
Total number of on-site hours _____ These are the total amount of hours you were on-site. They include all your direct client hours above and the amount of time you spent providing indirect services (note-taking, report-writing, supervision, research, consultation, preparation, etc.).			



7. Attestations

(Applicant)

- I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that the outcome of my application depends upon my demonstration of how my application satisfies the required criteria, including presenting relevant coursework for consideration by the Registrar. I will practice in accordance with CCPA's Code of Ethics.*
- I have or will include a valid criminal records check within the last 12 months or will submit one to CCPA shortly. I understand that any certification granted to me by the Canadian Counselling and Psychotherapy Association does not in and of itself specify licensure to practice counselling for a fee, monetary or otherwise.
If I am granted certification by CCPA and practice counselling as a private practitioner, I do so at my own risk. I hereby release CCPA from any and all liability and/or claim that may arise from any decisions to practice privately as a Canadian Certified Counsellor. For research and statistical purposes only, data resulting from my participation in this process may be used in an unidentifiable manner.
I understand that all material becomes the property of CCPA upon receipt and that the official versions of my transcript and vulnerable sector criminal record check will be destroyed 12 months after I receive the Registrar's outcome. If I want these documents back, I understand that I must request to have them sent free of charge prior to the end of this time frame.*

(Supervisor)

- 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.*
- I confirm that the student successfully passed the above stated evaluation.*

I confirm that as part of the practicum course requirements, a formal evaluation of the student's clinical competencies was completed by either the practicum course professor and /or clinical supervisor.



1. Applicant Name

Signature

Date

2. Practicum Supervisor

Signature

Date

OR

2. Practicum Professor:

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: certification@ccpa-accp.ca

For emails, please use the following subject line:
Applicant FirstNameLastName_P1Form