



Canadian Certified Counsellor

Pathway 2- Application and Work Experience 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: _____

1. Education

	University	Year	Degree Title	Specialization (<u>as it appears on transcript</u>)
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)		

2. 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: WORK EXPERIENCE 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. Employment Site Information

Please submit a new Section 2 for each workplace.

Workplace Name: _____

Position/Title: _____

Address: _____

Name of Supervisor/Manager: _____

Supervisor/Manager's Degree: _____

Telephone or Email: _____

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

2. Applicant's Practice

Approximately how many **counselling sessions** did the applicant provide each *week*? _____

What was the duration of each session (min)? _____

What is the total amount of individual, couple, or family direct client counselling (DCC) counselling hours provided during your employment within the last 5 years? _____

What is the total amount of group counselling hours you provided during your employment within the last 5 years? _____



3. 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 in Section 3 for consideration by the Registrar. I will practice in accordance with CCPA's Code of Ethics. I have included a valid criminal records check with vulnerable sector screening conducted 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.*
- I attest to the accuracy of this information. 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 the CCC Work Experience Form.*

The applicant and employer must co-attest to the accuracy of the information. In the case of individuals in private practice, the CCC Work Experience Form must still be signed by a professional at arms-length who can speak to the truth and accuracy of the information being provided; self-attestation by the applicant is not sufficient.



Applicant Name:

Applicant Signature

Date

Witness Name

Witness Signature

Relationship to applicant

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_P2Form