



## Canadian Certified Counsellor (C.C.C.) Basic CCC Eligibility Assessment

An eligibility assessment is an opportunity to submit a partial application and receive feedback from the registrar. This is not an official CCC application. Any official documents submitted may be used for a CCC application in the future.

### 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	



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

### 3. Payment

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The total cost for this application is \$100.00. Payment can be made online by logging into the Member Portal at <https://members.ccpa-accp.ca>.

### 4. Choose your section

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Please only fill out Section 2 if you have conferred your master's (or higher) degree within the past 5 years, OR Section 3 if you have conferred your master's (or higher) degree more than 5 years ago.



## 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 in a CCC-Qualifying outcome)**

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*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?**

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#### 4. Supervisor of Supervisor Information (if applicable)

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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

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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

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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>			
<b>Total DCC Hours (add both totals) _____</b>			
<b>Total number of on-site hours</b> 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.).			



### SECTION 3: WORK EXPERIENCE INFORMATION

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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.*

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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

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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? \_\_\_\_\_



Briefly describe the characteristics of the clientele and the nature of **individual, couple or family counselling interventions** provided by the applicant:

Briefly describe the characteristics of the group clientele and the nature of the **group counselling interventions** provided by the applicant:

Please summarize the amount of time (hours) the applicant spent engaging in various activities during this employment.

Individual, Couple and Family Counselling	Hours	Group Counselling	Hours	Indirect Counselling	Hours
Relational sessions ( <i>a standard counselling session</i> )		Relational sessions ( <i>a standard group counselling session</i> )		Case and file Management	
*Psychoeducation ( <i>session devoted to providing information</i> )		Psychoeducation ( <i>session devoted to providing information</i> )		Supervision	
*Intake		Manualized session		Consultation	
*Assessment		----		Other	
Total		Total		Total	
<b>Total Direct Client Counselling Hours (add both totals)</b>					



## Attestation

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- *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 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 originals will not be returned to me, with the exception of the Criminal Records Check (if requested by the applicant).*

**Applicant Name**

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**Signature**

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**Date**

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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](mailto:certification@ccpa-accp.ca)

For emails, please use the following subject line:  
Applicant FirstNameLastName\_BasicEA