



Canadian Certified Counsellor (C.C.C.)

Reference form

PREAMBLE

Please note that reference forms are *not confidential*; they must be sent directly by the referee, and may be accessed by the applicant upon official request, with or without referee's consent, or otherwise by an application from the applicant under The Personal Information Protection and Electronic Documents Act (PIPEDA).

In the case where a poor reference is a main or contributing factor to an outcome other than full approval for the C.C.C. designation, the Registrar may share information contained in a reference's evaluation of the applicant.

References must be provided *by graduate-level counsellors, supervisors or counsellor educators who can speak to the applicant's counselling competencies* within the last 5 years. The referee must be in a non-compliant relationship with the applicant.

1. Applicant Information

First Name: _____ Last Name: _____

Email: _____

2. Referee Information

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Graduate Degree: _____

Degree Major/Specialization: _____

Graduate Degree: _____

Degree Major/Specialization: _____

Position Title: _____



Professional memberships/designations at the time that you worked with the applicant (association or college, **no acronyms**). Please note that the association or college must have both a) a counselling code of ethics and b) a formal complaints procedure for the public:

During what time frame were you familiar with the applicant's counselling skills? (mm/yy - mm/yy)

_____ to _____

3. Professional Relationship with Applicant

In what capacity did you know the applicant? *Please check all that apply.*

Primary clinical practicum supervisor

Employer

Clinical supervisor

University practicum professor

University professor

Other course (*please specify*)

Colleague (*please provide an explanation for how you were in a position to witness and evaluate/provide feedback on counselling skills. Student peers will not be accepted.*)

4. Supervision. *Please only complete this section if you were/are a clinical supervisor*

Did you have **4 years of post-graduate counselling** experience when you supervised the applicant?

Yes

No

Does the counselling (or equivalent) association or college you belong to have BOTH a counselling code of ethics and a formal complaints procedure?

Yes

No

N/A



Please indicate how often supervision with the applicant took place (check the box below that applies):

Weekly Monthly Other Bi-weekly As needed

What types of supervision did you provide to the applicant (*check all that apply*):

Case consultation Co-counselling/co-facilitation Class meetings
Review of video/audio recorded sessions Direct observation
Other (please specify) _____

What was the total amount of hours you supervised the applicant? _____

5. Evaluation of Professional Counselling Competencies

Based on the CCPA Code and Standards reflecting entry-to-practice competencies.

*Individual, couple/family or group counselling competencies must be evaluated

	High	Average	Low	Cannot Evaluate
Individual counselling skills *				
Couples/family counselling skills *				
Group counselling skills *				
Ability to establish and maintain an effective working relationship with client(s)				
Ability to work towards change				
Ability to manage closure and ending of therapy				
Shows sensitivity to diversity				



Personal integrity				
Consulting skills				
Ability to relate to co-workers				
Ability to be objective on the job				
Concern for welfare of clients				
Sense of responsibility				
Recognition of own limits				
Supervisory abilities				
Ability to keep material confidential				
Ability to follow CCPA Code of Ethics				

6. Recommendation

***I recommend this applicant for certification as a Canadian Certified Counsellor**

Yes No

Additional Comments (regarding the applicant's competence, awareness, opportunities for growth, ability to follow the CCPA Code of Ethics, areas for improvement, etc):



Do you have any concerns about the applicant's fitness to practice, including but not limited to concerns regarding ethical or competent practices?

7. Attestation

Is there any reason that you should not be considered an appropriate reference? (Please consider any dual relationship, role conflict, overlapping roles, personal relationship, conflict of interest, supervisee, lack of knowledge of applicant's clinical work as a counsellor, outdated knowledge of applicant skills, etc).

Yes No

- *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 information provided on this form.*

Referee 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 FirstLastName_Reference_YourInitials