



University of Regina Applicant Attestation

1. Applicant Information

First Name: _____ Last Name: _____

CCPA Member # _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Phone 1: _____

Phone 2: _____

Email: _____

2. Attestations

I attest to conferring/completing my degree before my counselling program was aware of the required changes to include a practicum course, and this was not offered at the time of my enrollment.

1. Applicant Name: _____

Applicant Signature: _____ Date: _____

2. Practicum Professor Name: _____

Signature: _____ Date: _____

OR

3. Practicum Supervisor Name: _____

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