



Canadian Clinical Supervisor (CCS) Renewal Form

(Please submit every 3 years).

1. Applicant Information

First Name: _____ Last Name: _____

Member # (if applicable): _____

Phone 1: _____

Phone 2: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Email: _____

2. Documentation

The following documents must be attached to this application: -

- A brief summary of the nature of supervision **provided** over the previous three years (18 hours required, of which 9 hours must be direct supervision) including log of dates; duration of sessions; supervisee status (graduate student or post-degree supervisee); and supervisee practice setting (e.g., school, college/university counselling centre, community mental health clinic, private practice).
- Evidence of completion of continuing education requirements. Each three (3) year renewal period, certified supervisors must complete 6 CECs in the area of supervision.

3. Declarations

- I confirm that I possess professional liability insurance.
- I confirm that I have read, understand and am committed to practicing in accordance with CCPA's *Code of Ethics and Standards of Practice for Counsellors*.
- I confirm I will adhere to CCPA's *Code of Ethics and Standards of Practice*, particularly boundaries of competence as a supervisor with respect to supervisees' areas of practice and treatment modalities utilized.
- I certify that all information contained in, or referenced by, this CCS renewal application is complete and accurate and is not false or misleading.

Direct Supervision Hours: _____ Indirect Supervision Hours: _____ *Total: _____

18 hours per renewal period (3 years) 9 of these hours must be direct supervision

Signature: _____

Date: _____

Please send the form by email/mail to:
Canadian Counselling and Psychotherapy Association
202-245 Menten Place
Ottawa, Ontario, K2H 9E8

Email: cec@ccpa-accp.ca , Subject line: FirstLastName_CCSRenewal

CCS SUPERVISION LOG

Date	Session Length	Supervisee Membership	Practice Setting	Type(s) of Supervision Provided
				<input type="checkbox"/> Case consultation <input type="checkbox"/> Live Supervision <input type="checkbox"/> Direct supervision <input type="checkbox"/> Review of recorded sessions <input type="checkbox"/> Co-counselling/Co-facilitating <input type="checkbox"/> Supervision of supervision <input type="checkbox"/> Structured Peer Supervision Other _____
				<input type="checkbox"/> Case consultation <input type="checkbox"/> Live Supervision <input type="checkbox"/> Direct supervision <input type="checkbox"/> Review of recorded sessions <input type="checkbox"/> Co-counselling/Co-facilitating <input type="checkbox"/> Supervision of supervision <input type="checkbox"/> Structured Peer Supervision Other _____
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