



Canadian Clinical Supervisor (CCS) Application Form

Please submit all documents to certification@ccpa-accp.ca

1. Applicant Information

First Name: _____ Last Name: _____

Regulatory body name and registration #: _____ CCPA Member # (if applicable) _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Phone 1: _____

Phone 2: _____

Email: _____

2. Degree Information

	University	Year	Degree Title	Specialization (as it appears on transcript)
Graduate Degree(s)	1.			
	2.			

3. Work Experience Related to Counselling

Do you have 600 hours per year, in the past 5 years, of clinical experience ?

Yes No

Do you have a minimum of five (5) years of post-graduate degree experience as a practicing counsellor?

Yes No

Briefly explain your work experience over the past five (5)/ten (10) years:



3. Supervision Experience

How many hours of supervision have you provided within the past 2 years? _____

How many hours of direct supervision have you provided within the past 2 years? _____

What types of direct supervision have you provided within the past 2 years?

Co-counselling

Video/audio taped review

Live observation

Other

4. Supervisees Experience

Supervisees must be graduate level counsellors, graduate level practicum students, or counsellors who belong to a regulatory body that has a code of ethics and scope of practice comparable to CCPA.

Were your supervisees:

Graduate level counsellors?

Graduate level practicum students?

Belonged to a regulatory body with a code of ethics?

Other (please explain): _____

5. Supervision Education *(please chose a pathway based on your supervision education)*

Pathway One

Have you completed the CCPA sponsored supervision course? Yes No

Pathway Two

If you've completed a supervision course other than the CCPA sponsored course, have you included an unofficial transcript and course syllabus with your application? Yes No

Course Title: _____

Course Code: _____

Institute/University: _____

Year of completion: _____

Instructor: _____



Pathway Three

If you hold a clinical supervision designation whose standards are equivalent too or more rigorous than those of CCPA, please provide URL and any additional documents to confirm the standards for the clinical supervision designation or credential equivalency. Please note that CCPA evaluates each course on a case by case basis in accordance with the Supervision Guide, and does not have equivalencies for other supervision accreditations.

6. Declarations

- *I confirm that I am a member in good standing with CCPA or a member of one of the regulatory bodies related to counselling therapy and holding a master's degree (or equivalent degree) related to counselling or psychotherapy.*
- *I agree to commit to ongoing professional development in the area of supervision. Each renewal period (3 years), certified supervisors must complete six (6) Continuing Education Credits (CECs) in the area of clinical supervision.*
- *I confirm that I do not have a criminal record.*
- *I further confirm that I do not have any other history of personal and professional conduct that conflicts with the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association. Specifically, I confirm each of the following statements: 1) I have no active ethical complaints under investigation by an Association, regulatory College, legal system or entity. 2) I have not been the subject of an ethics investigation that resulted in disciplinary sanctions (including educative, reparative, or other corrective required actions) 3) I have not been named in a civil suit. 4) I have not been denied membership in a professional association or registration in a regulatory college for counselling or a related field. 5) I have never been refused, or dismissed from, employment based on my conduct.*
- *If I cannot confirm all of the statements above, I will attach details to be taken into account when considering this application for membership*
- *I confirm that I possess professional liability insurance for my practice as a counsellor and as a supervisor. - I confirm that I have read, understood and am committed to practicing in accordance with CCPA's Code of Ethics and Standards of Practice for Counsellors.*
- *I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. 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 or offer supervision for a fee, monetary or otherwise. If I am granted certification by CCPA and practice counselling or offer supervision, 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 as a Canadian Clinical Supervisor. I also understand that certification depends upon my fulfilment of the required criteria for certification including application of the CCPA Code of Ethics. 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.*



Applicant Signature: _____

Date: _____

7. Payment

Once your completed C.C.S Application is submitted to, and processed by the Certification Team, you will be automatically invoiced for the registration fee. 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 once invoiced.

Payment can be made online by logging into the Member Portal at <https://members.ccpa-accp.ca> Application Fee = \$150 Annual Renewal = \$45 (refundable by request in the event that the application is not approved) Total = \$195

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_CCSApplication**