



## Continuing Education Credits (CEC's) Pre-Accreditation Application Form

### Options for submitting completed form:

1. Save and e-mail form to: [cec@ccpa-accp.ca](mailto:cec@ccpa-accp.ca)
2. Print and fax form to: 613-237-9786
3. Print and mail form to:

202 - 245 Menten Place  
Ottawa, ON, K2H 9E8

### Please select one of the following:

- Organization/Presenter  
 Possible Attendee

### INSTRUCTIONS FOR COMPLETING THIS FORM:

**NOTE: Use one form for each event.**

- **Allow six (6) weeks for processing.**
- All fields are mandatory unless otherwise indicated.
- This form is to be used for events that have not yet taken place. If you are applying for CEC's for a past event, please use the CEC Application Form.

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Leader: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (of event organizer): \_\_\_\_\_

Website: \_\_\_\_\_

### Duration:

### CCPA use only:

Code: \_\_\_\_\_ Credits: \_\_\_\_\_

Start Date:	End Date:	Days:	Hours:

## Description of the Educational Event for which CECs are being requested

(Please include brochure of event if available)

Learning Goals or Expected Outcomes (what the participants will learn or be able to do as a result of this event):

Instructional methods to be used and approximate time devoted to each method:

The kind and amount of feedback, coaching or performance appraisal of individual participants:

The system utilized to evaluate the event and to evaluate if the learning goals and objectives were achieved:

Follow-up procedures, out of session or homework assignments made:

## Contact information for CEC Pre-Accreditation individual session form

### ONLY IF FORM IS FILLED OUT BY ORGANIZER OF EVENT

**Please Note:** When your event is pre-accredited, the individual session form will be sent to the name listed below by fax or e-mail.

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Please select all that apply:

I confirm that I/the event facilitator is/am a member of and in good standing with my/their provincial counselling/psychotherapy regulatory college or with my/their counselling/psychotherapy association.

I confirm that I/they do not have any history of personal and/or professional conduct that conflicts with the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association (CCPA).

I cannot confirm one or more of the above noted statements. I will attach the details of why I cannot confirm the statement(s) in a letter of explanation that will be taken into account in the review of this application for new or repeated events.

*CCPA reserves the right to further examine the background and credentials of those who are not a member of a regulatory body.*

### ONLY IF FORM IS FILLED OUT BY A POSSIBLE ATTENDEE OF EVENT

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **CCPA Member #:** \_\_\_\_\_