



## Canadian Clinical Supervisor (CCS) Application Form

### PATHWAY ONE: CCPA-SPONSORED GRADUATE COURSEWORK IN CLINICAL SUPERVISION

**\* Incomplete Forms Will Not Be Processed \***

#### 1. Applicant Information

CCPA Member # OR Regulatory body information:

First name:

Last name:

Other Legal Names:

Number and street:

City, Province, Postal code:

Home Phone:

Cell Phone:

Work Phone:

email: \_\_\_\_\_

#### 2. Counselling Experience (Five (5) years of counselling experience since graduate degree conferral is required)

Have you been conferred a graduate degree in counselling at five (5) years ago?  Yes  No

Graduate Degree:

Graduate Degree Specialization:

Date of Graduate Degree Conferral:

#### 3. Work Experience Related to Counselling

Do you have eight hundred (800) hours of counselling related work experience each year for the past five (5) years, or over the past ten (10) years?  Yes  No

Do you have a minimum of five (5) years of post-graduate degree experience as a practising counsellor, within the last ten (10) years, including a minimum of eight hundred (800) work hours per year?  Yes  No

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

**4. Supervision Experience (twenty (20) hours of supervision with two (2) hours being direct supervision within the past two (2) years is required)**

How many hours of supervision have you provided within the past two (years)?

How many hours of direct supervision have you provided within the past two (2) years?

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

**5. Supervisees**

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

**Were your supervisees:**

Graduate level counsellors?  Yes  No

Graduate level practicum students?  Yes  No

Belonged to a regulatory body with a code of ethics?  Yes  No

Other (please explain):

**6. CCPA Sponsored Supervision Course**

Have you completed the CCPA sponsored supervision course?  Yes  No

**Note: Please send an unofficial transcript that confirms completion.**

## 7. 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 masters 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 practise as a counsellor and as a supervisor.
- I confirm that I have read, understood and am committed to practising 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 practise 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 practise 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:

## 8. Payment

Payment can be made online by logging into the Member Portal at <https://members.ccpa-accp.ca>

Application Fee = \$150

Annual Renewal = \$35 (refundable by request in the event that the application is not approved)

Total = \$185

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](mailto:certification@ccpa-accp.ca)