

Canadian Certified Counsellor (C.C.C.) Application Form

(All applicants must be a member of CCPA in order to apply for certification)

INCOMPLETE FORMS WILL NOT BE PROCESSED

1. Applicant Inf	ormation			
CCPA Member	#:			
First Name: Last Name:				
Other Legal Na	mes:			
Number and St	reet:			
City, Province,	Postal code:			
Home Phone:	Cell Phone:		Work Phone:	
email:			-	
2. Education (N	lust hold a graduate degree in counselling	or related	field)	
	University	Year	Degree	Major
Graduate Degree (s)	1.			
	2.			
3. Graduate-lev	el coursework toward certification (locate	d on transo	cript(s), minimum 8 full	courses):
Course Code	de Course Title			Semester Completed
	Counselling Theory (Compulsory)			
	Supervised Counselling Practicum/Interns			
	Counselling & Communication Skills (Comp			
	Professional Ethics (Compulsory for gradu			
3. Elective Cour	ses (please refer to the corresponding sect	ion in the	Certification Guide)	
1.				
2.				
3.				
4.				
Continued on next pa	l age			

5.			
6.			
		on: All applicants must provide each of the following pieces of documentation ou have prepared or intend to submit	n. Please check off each
	university transcript scanned, o	Inscript PA by mail in a signed and sealed envelope from the university, or emailed di as a password-protected unalterable PDF document to CCPA National office. from the applicant, mailed transcripts with a broken or tampered seal, any ty or photocopied versions of the official transcript will not be accepted toward cry of these documents cannot be verified.	Electronic copies of the pe of faxed transcripts,
	Compulsor Elective of you attend mail or fax from the o University they are n responsible equivalent	tlines/syllabi descriptions from an official source by courses must have corresponding course outlines outlining the topics cover ficial syllabi or course descriptions may be from the academic course calendated your Masters of Counselling. These documents may be photocopied or so so, or sent by email in an unalterable PDF (including URL and retrieval date informatical university website). Applicants who cannot obtain an official document for archived copies. If archives are unavailable, the University must provide a longer available in order for your application to be evaluated. If they do not be to get a letter from the university stating all changes to the program/course course outlines in order to be evaluted by the Registrar of CCPA.	or from the years that canned and sent to us by ormation if it is saved to take their a letter attesting that the applicant is
	The origina applicant, document.	I hardcopy, issued by the police within the past 12 months, must be mailed to sent directly from the issuing police service by email as a password-protect Electronic copies from the applicant, faxed documents, scanned, or photoco not be accepted toward certification as the authenticity of these documents of	ed unalterable PDF pied versions of the
5. Pa	thways Doo	cumentation: All applicants must apply based on either Pathway ONE or Path	way TWO.
PATH	IWAY ONE,	for applicants who graduated within the last five years. Education and Practic	cum Training:
		ticum Form(s) One form per practicum placement. Altogether the forms mus rect client counselling.	t attest to a total of 150
		. Reference Forms: Must be completed by a graduate-level counsellor, couns supervisor. The individual must be someone in a non-compliant relationship	
Or			
PATI	HWAY TWO	, for applicants who graduated over five years ago. Education and Work Expe	erience:
	One form	ork Experience Form(s) per employer/workplace. In total, Attesting to 800 hours of direct client cou of practice) within the last five years from the date of their application. sumé.	nselling (the equivalent
	One of whi according to graduate-le	Reference Forms ch must be completed by a clinical supervisor who has engaged in formal support C.C.C. criteria and can speak to the applicant's competencies. Forms must be evel counsellor, counsellor-educator, or counselling supervisor. The individual relationship with you who knows you in your capacity as a counsellor within the	pe completed by a I must be in a non-

6. Attestation: Please read carefully for important information regarding your application

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that the outcome of my application depends upon my demonstration of how my application satisfies the required criteria, including presenting relevant coursework in Section 3 for consideration by the Registrar. I will practice in accordance with CCPA's Code of Ethics. I have included a valid criminal records check with vulnerable sector screening conducted within the last 12 months or will submit one to CCPA shortly. 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 for a fee, monetary or otherwise. If I am granted certification by CCPA and practice counselling as a private practitioner, 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 privately as a Canadian Certified Counsellor. 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 the official versions of my transcript and vulnerable sector criminal record check will be destroyed 12 months after I receive the Registrar's outcome. If I want these documents back, I understand that I must request to have them sent free of charge prior to the end of this time frame.

*Applicant signature:	*Date
Applicant signature.	Date

7.Payment

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

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

The total cost for certification is \$180 (\$95 for application plus \$85 annual fee). The \$85 annual fee will be reimbursed if your application is not granted C.C.C.

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