



# CANADIAN COLLEGE OF PROFESSIONAL COUNSELLING PRACTITIONERS

## Association Membership Application

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Please return completed Application form via mail or email.  
*Be sure to include all supporting documentation*

**Canadian College of Professional  
Counselling Practitioners  
(CCPCP)**  
PO Box 23045  
Vernon BC  
V1T 9L8  
Canada

For further information or inquiries:  
Phone: **250 – 558 – 7700** or 1 – 866 – 704 – 4828  
Email: [inquiry@ccpcp.ca](mailto:inquiry@ccpcp.ca)  
Website: [www.ccpcp.ca](http://www.ccpcp.ca)

# Association Membership Application Form

Name of Association: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Description or Mission Statement: \_\_\_\_\_

Code of Ethics (attach copy)

Requirements for membership

Dues for CCPCP Association Membership: \$100/ calendar year

## Professional Associations applying for pre-approved member status:

In addition to the above information, please include the following:

- If an Entrance Evaluation/Exam is required for membership in your association: Include a description of the exam's objectives and outcome measures related to the practice of Professional Counselling and/or Mental Health related services. *(Submission of a copy of the exam/evaluation is optional.)*
- Supervision Requirement \_\_\_\_\_ hours are required for membership
- Training or Education Requirements
- Dues for CCPCP Pre-Approved Association Membership: \$100/ year

To be approved by CCPCP Registrar

**Approved by:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

***Please Read the Following Before Submitting:***

1. I understand that this information will be used for purposes of admission, registration, research and development, and other purposes consistent with the mandate of the College. The use of this information will be in compliance with the Freedom of Information and Protection of the Privacy Act. Any questions concerning the collection and use of this information should be directed to the Canadian College of Professional Counselling Practitioners (866) 704-4828.
2. I understand that submission of this application in no way guarantees my membership in the CCPCP, and that misrepresentation of this information in any way may result in cancellation of my admission.
3. I confirm licensing and/or registration in accordance with government jurisdictions and will provide the CCPCP with a copy of a business license, society or training institute registration, or incorporation number (provincial or federal) upon application.
4. I understand that CCPCP membership will renew yearly, unless it is cancelled in writing.
5. I confirm that I have read and understand the Code of Ethical Conduct, Core Competencies and Standards of Practice for the CCPCP (please log on to the CCPCP website – [www.ccpcp.ca](http://www.ccpcp.ca) for more details).
  - i. I have read the Code of Ethics (initial) \_\_\_\_\_
6. I certify that all statements on the application are true and complete to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***CCPCP Website Listing***

The CCPCP website lists the names and phone numbers of “Canadian College of Professional Counselling Practitioners Registrants” and Associate Members.

Your professional listing as a “CCPCP Associate” is included with your membership. Upon approval of your application for membership, an email will be sent to you with directions for setting up your business directory listing on the CCPCP website.