



CANADIAN COLLEGE OF PROFESSIONAL COUNSELLING PRACTITIONERS

Full and Candidate Membership Application Form

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
Website: www.ccpcp.ca

Applicant's Checklist

Please be sure to provide all required documentation and fees to ensure quick processing of your application.

- Indicate which Member Class you are applying for
 - Full Member Class (2 Years Professional Supervision Completed)
 - Candidate Member Class (Professional Supervision not fulfilled)
- Application Fees (see chart below)
- Completed Application Form
- Initialed Copy of Code of Ethics (Page 7 of this document)
- Signed Complaints Form (Page 8 of this document)
- Entrance Evaluation Form:

Completed Entrance Evaluation Form

 - Score of 70% or higher in each of the four sections measuring core competencies.
- 1 Letter of Reference from a current Supervisor (Supervisor Qualifications: 8 years of clinical experience providing counselling services; full or advanced membership status in a regulatory college or professional association for a minimum of 5 years.)

Letter of Reference from a current Supervisor

 - Supervisors Names
 - Supervisors Years of experience
 - Supervisors Qualifications
 - Supervisors Education
 - Supervisors Professional Association Memberships
 - Supervisors Contact Information
 - Number of Supervised Hours
 - Description of the scope of supervision provided to you.
- 1 Letter of Reference from a current Colleague
- Transcripts from a College or University confirming your 450 hours of training related to the core areas of competency required for the practice of Counselling or for a Mental Health Practitioner.
- A copy of a recent Criminal Record Check (within the last 6 months)
- Annual Membership Fee: Full member \$200.00 OR Candidate member \$150 (*pro-rated for new applicants*)
- Hold Professional Liability Insurance

Please allow 7 – 10 business days for processing; processing does not begin until all documents and payment have been received

Fees

All fees are *non-refundable*.

	Application Fee	Yearly Dues
Full Member	\$200 to include Evaluation \$100 if member of pre-approved association (Evaluation is waived)	\$200 (pro-rated for new applicants)
Candidate Member	\$200 to include Evaluation \$100 if member of pre-approved association (Evaluation is waived)	\$150 (pro-rated for new applicants)
Student Member	Application fee included in yearly membership	Free
Association Member	Application fee included in yearly membership	\$100 per year

Membership fees are pro-rated for first time applicants to please check with the office as to the amount due for membership fees.

Payment Options

Credit Card

Follow the “Pay Now” link at www.ccpcp.ca or request a direct invoice from the office

Cheque or Money Order

made out to “Canadian College of Professional Counselling Practitioners”
mailed to: **PO Box 23045, Vernon, BC, V1T 9L8**

Personal Information

members and applicants are responsible for informing the CCPCP of any change in name, address or other status*

***Be sure to include a current email address to avoid any late fees as invoicing and renewal notices are sent out via email.*

First Name				Last Name			
Mailing Address							
City							
Province				Postal Code			
Telephone				Email**			
Date of Birth <i>Mm/dd/yyyy</i>				Gender	Male		Female
Are you a Canadian Citizen?					Yes		No
If you are not a Canadian Citizen – what is your status?							
Permanent resident							
Work visa & Authorization Expiry date(mm/dd/yyyy)							
Other (please specify)							

Business Information

Name of Organization / Private Practice			
Work Address			
City			
Province		Postal Code	
Telephone		Email	
Fax		Website	

Have you held membership with the CCPCP before? Yes # _____ No

How did you hear about the CCPCP? (please mark with "x" all that apply)

<input type="checkbox"/>	Professional Counsellor	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	Written publication	<input type="checkbox"/>	Website
<input type="checkbox"/>	Professional Association (name)		
<input type="checkbox"/>	Training Institute (name)		
<input type="checkbox"/>	Other		

Association Memberships in Good Standing

Association Name	Dates / Years in "Good Standing"	Professional Designation	# of Complaints

Have you had any complaints against you in the past 5 years?

Yes

No

If yes, please include details of the complaint with your application.

****Note: The CCPCP has the right to refuse applicants with previous complaint****

Please indicate your main activity during the past year (mark all that apply with "x")

<input type="checkbox"/>	Attending College/University	<input type="checkbox"/>	Working as a Counselling Practitioner
<input type="checkbox"/>	In Labour Force	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Other (please specify)		

Education / Training / Certification

Current College / University Program Enrolled In

Enrollment Date

Degree/Diploma/Certificate	Institution	Date Granted

*Provide a transcript from an accredited training program that includes courses specific to the competencies required for the practice of counselling or Mental Health Services

Counselling-related Experience

Position / Title	Organization / Private Practice	Years

References

***Please provide two Letters of Recommendation from **TWO** mental health professionals, (including your supervisor) who will serve as your references. Include the names, years of experience, qualifications, education, professional association memberships, and contact information.*

**Letters must include the referees' names, years of experience, qualifications, education, professional association memberships, and contact information.*

The letter from your supervisor must also contain number of supervised hours, and description of the scope of supervision provided to you.

(Qualifications of Clinical Supervisor: 8 years of clinical experience providing counselling services; full or advanced membership status in a regulatory college or professional association for a minimum of 5 years.)

Name	Professional Qualifications	Professional Association	Contact Number

In order to remain in good standing as a CCPCP member, all full and candidate Members are required to participate in 12 hours per year of professional development. Documentation of the hours accrued may be requested by the CCPCP Registrar.

Please note that your submission of this application, and/or payment of fees confirms your knowledge of the professional development requirement, and constitutes your agreement to complete 12 hours.

Certifying Agreement with the CCCP Requirements and Code of Ethics

Please Read the following Before Submitting:

1. I understand that this information will be used for the purposes of admission, registration, research and development, and other purposes consistent with the mandate of this 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.
2. I understand that submission of this application in no way guarantees my membership in the CCPCP, and that any misrepresentation of its information in any way may result in the cancellation of my admission or registration status.
3. I understand that all fees paid are non-refundable, regardless of application status and that payment of application/processing fees in no way guarantees membership in the CCPCP.
4. I confirm that I do not have a criminal record that might prejudice my work as a professional counsellor and will provide the CCPCP with a copy of a criminal record check upon application.
5. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or related field, on the grounds of professional misconduct in Canada or elsewhere.
6. I confirm that I hold Professional Liability Insurance.
7. I confirm that I have read and understand the CCPCP Code of Ethical Conduct, Core Competencies and Standards of Practice for the CCPCP located on the website at www.ccpcp.ca
 I have read and understand the CCPCP Code of Ethics (initial) _____
8. I certify that all statements on the application are true and complete to the best of my knowledge and belief. In the event of any complaint or complaints arising which suggest unethical counselling practice on my part prior to or during the process of application for registration, I authorize the Canadian College of Professional Counselling Practitioners to both investigate and to consider such information as part of my eligibility for registration.
9. I agree to receive any CCPCP newsletter containing news, updates and promotions **regarding CCPCP membership**. *You can withdraw your consent at any time by phone or email.*

Applicant: _____ Date: _____

Witness: _____ Date: _____

Note: The foregoing Application remains the property of the Canadian College of Professional Counselling Practitioners and cannot be used without permission.

Permission to Release Information to Complaints Committee

I hereby give the CCPCP Ethics Committee permission to investigate any complaint filed against me which may involve confidential information regarding me, and the files and records of interactions regarding the complainant. I agree to comply with the investigation, provide any documents requested, and answer all questions from the Committee concerning such information.

Signature: _____

Date: _____