



# CANADIAN COLLEGE OF PROFESSIONAL COUNSELLING PRACTITIONERS

## **Full and Candidate Application Form For Members of a Pre-Approved Association**

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*CCPCP entrance exam waived for members in good standing of a pre- approved professional association or regulatory college.*

**Return completed Application form via mail or email.  
*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)

## Applicant's Checklist

*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 9 of this document)
- Signed Complaints Form (Page 10 of this document)
- Current letter of Good Standing:

Letter of Good Standing from Professional Association outlining:

  - The Supervision Criteria met
  - Number of years “in good standing” Any Complaints – if yes, detail of the complaint
- 1 Letter of Reference from a current Supervisor

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.
- Supervision Evaluation Form (waived for applicants who are members in good standing of a pre-approved professional association or regulatory college)
- 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 delivery of counselling-related services.
- A copy of a recent Criminal Record Check (within the last 6 months)
- Annual Membership Fee due once application has been accepted: Full member \$200.00 OR Candidate member \$150 (*pro-rated for new applicants*)
- Current 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*.

	<b>Application Fee</b>	<b>Yearly Dues</b>
<b>Full Member</b>	\$200 to include Evaluation \$100 if member of pre-approved association (Evaluation is waived)	\$200 (pro-rated for new applicants)
<b>Candidate Member</b>	\$200 to include Evaluation \$100 if member of pre-approved association (Evaluation is waived)	\$150 (pro-rated for new applicants)
<b>Student Member</b>	Included in annual fee	No charge
<b>Association Member</b>	Included in annual fee	\$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](http://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

Please complete all fields

*\*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  date: \_\_\_\_\_ No   
 How did you hear about the CCPCP? (please mark with "x" all that apply)

<input type="checkbox"/>	A Counselling Practitioner	<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		

## Current Employment Information

Name of Organization / or Private Practice			
Description of Scope of Practice: i.e. Coaching, Professional or Clinical Counsellor, Nurse, Educator, etc.			
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 Counsellor
<input type="checkbox"/>	Employed	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Other (please specify)		

### Education / Training / Certification

Current College / University	Program of Study	Enrollment Date
Degree/Diploma/Certificates completed	Institution	Date Granted


\*Provide a transcript from an accredited training program that includes courses specific to mental health competencies required in your scope of practice.

### Counselling-related Experience

Position / Title	Organization / Private Practice	Years

### References

*\*\*Please provide one Letter of Recommendation from a practicing counselling practitioner who will serve as your reference.*

*\*Letter must include the referee's name, years of experience, qualifications, education, professional association memberships, and contact information.*

Name and Title	Professional Qualifications	Supervisor or Colleague?	Professional Association	Contact Number

## **Current Supervisor Evaluation Form**

Evaluation form (waived for applicants who are members in good standing of a pre-approved professional association or regulatory college).

**Name of applicant** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_

**Supervisor's Professional title** \_\_\_\_\_

**Name of Professional Association or licensing body in which Supervisor is a member**  
\_\_\_\_\_

**How long has the Supervisor known the applicant?** \_\_\_\_\_

**In what capacity had the Supervisor known the applicant?**  
\_\_\_\_\_

Based on my knowledge of \_\_\_\_\_ I can attest that he/she demonstrates  
*(fill in applicant's name)*  
the level of competency and standards of clinical practice generally expected of a professional counselling practitioner.

I have observed \_\_\_\_\_ in the capacity of a professional counselling  
*(fill in applicant's name)*  
practitioner. Based on my observations, I am able to rate the applicant's level of competency in each of the following areas of clinical practice using a rating scale of 0 to 4.

\_\_\_\_\_  
**Signature of person completing the evaluation**

\_\_\_\_\_  
**Date**

**The following questionnaire will be waived for applicants who are members in good standing of a pre-approved professional association or regulatory college. Note name of exempting association and applicant's membership number here:**  
\_\_\_\_\_

### **Rating scale:**

- '4' an exceptionally high level of competency demonstrated.
- '3' above average level of competency demonstrated.
- '2' average and acceptable level of competency demonstrated.
- '1' level of competency in this area does not meet recognized standards in the profession.
- '0' not enough information to evaluate

1. **The applicant demonstrates working knowledge of counselling theories and related techniques involved in my practice such as Person Centered, Psychodynamic, Cognitive-Behavioral models, Loss and Grief, Developmental, Couples and Family Systems.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

2. **The applicant demonstrates the ability to conduct a thorough Clinical Assessment and evaluate crisis risk levels, to determine scope of practice and make appropriate referrals.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

3. **The applicant demonstrates the ability to develop and maintain a Therapeutic Relationship, set goals, assess for progress, determine outcome measures, and initiate effective closure of the treatment process.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

4. **The applicant demonstrates the ability to develop an effective treatment plan and employ interventions supported by counselling theories appropriate for use in the practitioner's scope of practice.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

5. **The applicant demonstrates the ability to Manage Cases within the framework of generally expected standards in the environment in which the applicant practices.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

6. **The applicant demonstrates a Commitment to Professional Practice through fee setting, accountability to clients, recognizing scope of practice, making appropriate referrals as needed, and adherence to the ethical guidelines set out by the professional association of which the applicant is a member.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

7. **The applicant demonstrates the skills necessary for the intervention and referral to appropriate professionals for Crisis, Suicide, and other Emergency situations.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

8. **The applicant demonstrates a commitment to pursuing Wellness Practices by working toward a balanced self-care plan.**

4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_ 0 \_\_\_\_\_

Deficits noted \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT

*In order to remain in good standing as a full or candidate CCPCP Members, you are required to participate in 12 hours per year of professional development.*

*Your submission of this application confirms knowledge of the professional development requirement and constitutes your agreement. Documentation of hours accrued may be requested at any time by the CCPCP Registrar*

### CONFIRMATION AND AGREEMENT:

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 is 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 <http://www.ccpcp.ca/code-of-ethics-and-standards-of-practice~.aspx>  
 I have read, understand and agree to 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. 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: \_\_\_\_\_