



CANADIAN COLLEGE OF PROFESSIONAL COUNSELLING PRACTITIONERS

Student 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.

- Student Membership (Please check for confirmation)
- Completed Application Form
- Signed Code of Ethics
- At least 1 Letter of reference from an instructor or a supervisor
- Proof of Enrollment in a counselling-related program
- Annual Membership Fee: No charge

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	No charge
Association Member	Application fee included in yearly membership	\$100 per year

Membership fees are pro-rated for first-time applicants. 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**

Student Members belong to a **non-voting class of membership, and as such are expected to conform to, and accept the CCPCP code of Ethics and Bylaws, and Standards of Professional Practice. The CCPCP assumes no responsibility for counselling related activities or services provided to the public by student members.*

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)								

Training Institution Information

Name of Training Institute								
Designation and area of study								
Courses related to counselling								
Date of graduation				GPA				
Address of school				Email				
Telephone				Website				

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

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

	Professional Counsellor		Word of Mouth
	Written publication		Website
	Professional Association (name)		
	Training Institute (name)		
	Other		

References

*****Please provide the names, professional qualifications and contact numbers of at least ONE supervisor or instructor who can validate your enrollment and serve as your reference.***

Include “Letters of Recommendation” from at least ONE instructor or practicum supervisor who is familiar with your work.

Name	Professional Qualifications	Professional Association	Contact Number

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 a current criminal record check was provided to my training institution as part of the registration process.
5. I confirm that I have not been dismissed from 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 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) _____
7. 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.
8. I understand that the CCPCP assumes no responsibility for counselling related activities or services provided to the public by student members. (initial _____)
9. I agree to receive any CCPCP newsletter containing news, updates and promotions **regarding CCPCP membership.**

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.