



Qualifying **RPC** Application Form

Use this form if you are an **RPC PROVISIONAL** (formerly **RPC-C**) member who has completed your provisional status (candidacy) and wishes to qualify for the full **RPC** designation. Complete the following form and submit the required documentation by either of the following options:

FASTEST OPTION:

Email to: qualifying@thecpca.ca

Include "QUALIFYING" in subject line.

SLOWER OPTION:

Mail to: Canadian Professional Counsellors Association

P.O. 23144, Medicine Hat, AB, V1B 4C7

For further information and inquiries, phone **(250) 558-3323**.

THE PROCESS:

Step 1: Complete this qualifying application (Note: Do not submit it until you have all required documentation).

Step 2: Accumulate all documentation needed for submitting the Qualifying RPC Application (See page 2 & 3).

Step 3: Compile all documentation for submitting a **Professional Documentation Audit (PDA)**(See page 3).

Email your **PDA** documents altogether to qualifying@thecpca.ca.

Step 4: Email this Qualifying RPC Application and all needed documentation in one email to qualifying@thecpca.ca

Step 5: Submit application fee (\$75 + \$5 admin fee + applicable taxes) on same day as you submit.

- GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% (**\$84.00**)
- HST Provinces: ON = 13% (**\$90.40**); NS = 14% (**\$91.20**); NB, NL, PE = 15% (**\$92.00**)
- Payment can be made by: (1) E-transfer to payment@thecpca.ca; using password: **qualifying**
(2) Credit Card - email qualifying@thecpca.ca to request an online invoice which will be accessed through your member dashboard.

Step 6: Upon notification of successful review of qualifying application, submit membership dues. The difference in member dues are required upon approval.

Step 7: Congratulations, upon approval, you will receive a new certificate and be able to use the RPC designation (without the "provisional" status).

QUALIFYING **RPC APPLICATION:**

Date: _____

First Name: _____

Last Name: _____

CPCA Member #: _____

Email Address: _____

Province of Residence: _____

I attest and verify that my counselling practice as an RPC Provisional has been within Mental Health Scope of Practice and I have fulfilled all the supervised hours required in Qualifying for the RPC full designation.

Fill in your full name as your Signature: _____



Qualifying RPC Application Steps

If you are an **RPC Provisional** (formerly RPC-C in Mental Health Scope of Practice), **qualifying for RPC** please email this form to qualifying@thecpca.ca with:

1. E-transfer qualifying **application fee** the same day as you submit your upgrade request.
2. Your "[Quarterly Hours Report for Provisional Members Form](#)" fully completed.
3. Your [Supervisor Provisional Evaluation Report](#) (filled out by your supervisor)
4. Your [Provisional Member Evaluation of Supervisor Report](#) (filled out by you)
5. Your "[Substantiating for RPC Form \(SUB1.1\)](#)" fully completed. Please note that you may have more than one RPC Substantiation Form. Use one form for each supervisor individually.
6. Criminal Record Check with Vulnerable Sector Check (within last 6 months).
7. Email Your Professional Documentation Audit (PDA) separately to qualifying@thecpca.ca.

IMPORTANT NOTE: The CPCA maintains the right to deny any qualifying application request. In this event, the CPCA will endeavour to provide directions as to how qualifying may be obtained.



PROFESSIONAL RPC DOCUMENTATION AUDIT

As part of your Qualifying RPC Application, we require a Professional Documentation Audit. Please complete the following Professional Documentation Audit steps:

Step 1: Collect an example of each of the following forms listed on the next page for your professional practice

Step 2: Name each document with the associated number as shown in the list of forms on the next page (i.e.: "**1.** Intake Form" and "**2.** Informed Consent Form", "**3.** Informed Consent for Couples Counselling", etc.)

Step 3: Attach all forms (correctly labelled and numbered) to one email and email to: qualifying@thecpca.ca



PROFESSIONAL RPC DOCUMENTATION AUDIT Continued

Below is a list of the documents needed for your Professional Documentation Audit. Be sure to only send blank documents for the forms. Please do not send any client information with your documents. Be sure to scan (digitize) your documents. Ensure the file name for each document is numbered with the correct number according to list below:

- 1. Intake form
- 2. Informed Consent for Counselling with limits of confidentiality
- 3. Informed Consent for Online Counselling
- 4. Informed Parental Consent for Counselling a Child
- 5. Counselling Assessment form
- 6. Counselling Treatment Plan form
- 7. Referral form (blank)
- 8. Payment Receipt – documentation of payment made by client for services rendered (with no client identifying information or with client information redacted)
- 9. Release of Information Consent form (blank)
- 10. Sample of Case Notes – without any identifying information
- 11. Professional Public Profile – the “about you” portion of your website that describes who you are and what you do - representing your professional self and your practice online (or in any written profile of yourself)
- 12. Professional Email Signature – how you represent yourself online
- 13. Informed Consent for Couples Counselling (blank) (if doing couples counselling)
- 14. Informed Consent for Group Counselling (blank) (if doing group counselling)

NOTE: If you use digital forms, please print out and scan the digital form. All documents are required except #13 and #14. Only supply document #13 and/or #14 if you do or intend to do this type of counselling work.

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DECLARATIONS WITH RPC DESIGNATION

Read and Initial your Agreement to Remain in Compliance with Each Attestation:

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 association. The use of this information will be in compliance with the Federal Privacy Act (PIPEDA). (Any questions concerning the collection and use of this information should be directed to the Office of the Registrar at registrar@thecpca.ca.)

Print form and initial here: X_____ or fill in your initials here as verification: _____

2. I understand that submission of this application in no way guarantees membership in the CPCA, and that misrepresentation of this information in any way may result in cancellation of my admission or registration status.

Print form and initial here: X_____ or fill in your initials here as verification: _____

3. I understand that my CPCA membership has annual requirements that must be met in order to renew my designation on or before December 31st each year. Membership falls into a "not-in-good-standing" status if membership dues and requirements are not met and submitted before the grace period of January 15th annually. Membership can be terminated or retired by member choice submitted in writing to the CPCA Head Office.

Print form and initial here: X_____ or fill in your initials here as verification: _____

4. I confirm that I do not have a criminal record that might prejudice my work as a Professional Counsellor and have disclosed any/all criminal convictions for which I have not received a pardon.

Print form and initial here: X_____ or fill in your initials here as verification: _____

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.

Print form and initial here: X_____ or fill in your initials here as verification: _____

6. I confirm that I have read and understand and will abide by the expectations and regulations of the Regulatory College in my province, if there is one. <https://www.ccpca-rpc.ca/regulatory-colleges~.aspx>

Print form and initial here: X_____ or fill in your initials here as verification: _____

7. I confirm that I have read and understand and will abide by the Code of Ethical Conduct, Core Competencies and Standards of Practice for the CPCA - <https://www.ccpca-rpc.ca/code-of-ethics~.aspx>

Print form and initial here: X_____ or fill in your initials here as verification: _____

8. I confirm my professional practice will stay within the scope of practice associated with my designation.

Print form and initial here: X_____ or fill in your initials here as verification: _____



FINAL DECLARATION AND AGREEMENTS

(a) I certify that all statements on the application are true and complete to the best of my knowledge and belief. (b) In the event of any complaint or complaints arising which suggest unethical clinical practice on my part prior to or during the process of application for registration, I authorize the Canadian Professional Counsellors Association to both investigate and to consider such information as part of my eligibility for registration. (c) I acknowledge and agree that this Qualifying Application request in no way guarantees acceptance and (d) I understand that my application may be denied or postponed if I do not meet the current CPCA eligibility criteria.

Option 1: Print document & sign here:

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name: _____

Option 2: Fill in your name and date as your signature:

Your name as signature: _____

Date: _____

Witness name as signature: _____

Date: _____

Note: Save this Document to your Computer before submitting to qualifying@thecpca.ca

If you do not save it to your computer first, your submitted form will be blank upon arrival.

IMPORTANT NOTE: The CPCA maintains the right to deny any application. In this event, the CPCA will endeavour to provide directions as to how qualifying may be obtained.