

CPCA Membership Application Form

Use this form if you are wanting to apply to become a registered practicing member of the CPCA as either an **RPC** or **MPCC** (whether Provisional or Full status) designation. Complete the following form and submit, with the required documentation, via either of the following options:

FASTEST OPTION:

Email to: application@thecpca.ca

Include “**APPLICATION**” 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: Declare your Scope of Practice as a Counsellor (on page 2 of this form).

Step 2: Determine whether you are applying for a Full Designation or a Provisional Designation. Accumulate all documentation needed for your specific designation application (See page 3).

Step 3: Complete the rest of this application form (Note: Do not submit until you have all required documentation).

Step 4: Email this application form and all needed documentation in one email to application@thecpca.ca

Step 5: Submit application fee (\$150 + \$5 admin fee + applicable taxes) on same day as you submit your upgrade.

- GST Provinces: BC, YT, NT, AB, NU, SK, MB, QC = 5% (**\$162.75**)
- HST Provinces: ON = 13% (**\$175.15**); NS = 14% (**\$176.70**); NB, NL, PE = 15% (**\$178.25**)
- Payment can be made by: **(1)** E-transfer to payment@thecpca.ca, password: **application**
(2) Credit Card - email application@thecpca.ca asking for a payment link.

Step 6: Once your application has been approved, you will be notified of your eligibility to take the CPCA Qualifying Exam (for your scope of practice). Instructions will be given to you at that time.

Step 7: Upon successful completion of the Qualifying Exam (QE), submit: (a) membership dues, (b) copy of liability insurance obtained, and (c) documentation required for specific designation.

Step 8: Congratulations, upon approval, you will be issued your new CPCA Member designation Certificate, member number and letter of good standing.

STEP 1: DECLARING YOUR SCOPE OF PRACTICE

To be able to apply for a designation with the CPCA, it is important to know that each designation is aligned with a Counselling Scope of Practice. To apply for a designation first requires that you **declare your Scope of Practice**. A Scope of Practice in counselling refers to the professional services, procedures, and processes that a counsellor is permitted to provide. It defines the boundaries of your work, ensuring you operate within your training, expertise, and avoiding working in any provincially regulated capacity (unless you are regulated). The next page will be where you decide which scope of practice you will work as a counsellor. Down the road you may choose to change your scope of practice if it reflects your education and the work you do.



Which is My Current Scope of Practice?

Scope:	Clinical Counselling Scope of Practice	Mental Health Counselling Scope of Practice
Population:	Mental <u>illness</u> , able to address severe and complex disorders and <u>severe</u> symptoms	Mental health <u>wellness</u> , emotional distress, <u>moderate</u> symptoms
Type of Issue:	Works with clients <u>diagnosed</u> or not diagnosed with <u>moderate to severe</u> , long-term mental health issues. Depression, anxiety, complex grief, trauma and complex trauma, abuse, neglect, family issues, suicidal ideation, relationship problems, addiction, and stress management.	Works with clients facing <u>common life challenges</u> rather than severe, long-term mental health issues. Depression, anxiety, grief, trauma, abuse, neglect, life transitions, family issues, suicidal ideation, relationship problems, addiction, and stress management.
Type of Relationship:	A therapeutic relationship rooted in a positive therapeutic attachment	A therapeutic relationship rooted in a positive therapeutic attachment
Focus & Approach:	<p>Focuses more on <u>symptom reduction</u> and <u>managing diagnosed disorders</u>. Does <u>not</u> diagnose but may <u>assess mental health symptoms</u>.</p> <p>Treatment and management of <u>more intensive and complex mental health symptoms</u> through evidence-based therapeutic approaches such as cognitive-behavioral therapy, psychodynamic therapy, acceptance and commitment therapy, solution focused therapy and person-centered therapy, etc.</p> <p>Practitioners support and help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, identity, and stress management.</p> <p>Helps clients develop/improve coping strategies and achieve personal goals and growth.</p>	<p>Significant emphasis on <u>clients' strengths</u>, resources, and <u>personal growth</u>. Uses <u>preventative</u> rather than pathology-oriented approaches, encourages <u>personal development</u>, and improves quality of life.</p> <p>Uses evidence-based and emerging therapy approaches such as cognitive-behavioral therapy, person-centered therapy, faith-based therapy, and motivational interviewing, and other counselling therapies tailored to clients' needs.</p> <p>Practitioners may support and help clients cope with depression, anxiety, life transitions, relationship problems, spirituality, identity, and stress management. <u>Does not diagnose or assess mental health disorders</u> but helps clients develop/improve coping strategies and achieve personal goals and growth. Works with clients facing common life challenges rather than severe mental health issues.</p>
Education:	Completed a min. 1100-hour counsellor training program with Clinical Mental Health Training* from an accredited college or university. A master's degree in counselling psychology or equivalent counselling diploma program.	Completed a minimum 1100-hour counsellor training program with a supervised practicum from an accredited college or university.
Regulation:	If you reside in Ontario, Quebec, Nova Scotia, New Brunswick, or PEI, you <u>must be a member of the Regulatory College</u> to choose this Scope of Practice.	Not yet regulated in regulated provinces.
My Scope:	<input type="checkbox"/> This is my scope of practice	<input type="checkbox"/> This is my scope of practice

***Clinical Mental Health training** is a minimum of **60 hours** of training in: (1) **DSM-5-TR**, (2) **Assessment with Differential Diagnosis**, (3) **Pharmacology for Mental Health** and other training in clinical work. Additional clinical training could include any of the following courses: Addictions Counselling courses, Biopsychosocial Approach to Counselling, Understanding and Working with PTSD, Trauma (PTSD) Counselling, Group Therapy. The exact name of the course may be different but would be covering similar material.

IMPORTANT: If choosing the **Clinical Counselling Scope of Practice**, please fill out and submit a [Clinical Mental Health Education Substantiation Form](#) with your application to application@thecpca.ca. Here are [Video Instructions](#) for the Form.

WARNING: Incomplete Applications will NOT be processed. All documents needed for your application must be attached to your application email when it is submitted to application@thecpca.ca. Partial or Incomplete applications will be returned.

STEP 2: Determining Your Designation

If you have 600 hours of Supervised Counselling practice, you may be able to apply for the full designation of your Scope of Practice. The 600 hours of Supervised Counselling practice includes:

- **150** hours of Counselling Supervision
- **250** Direct Client Contact (DCC) Hours and
- **200** Professional Practice or Currency Hours

[Click here for Full Designation Substantiation Form](#)

If you have these substantiated supervised counselling practice hours, please complete the linked form above and submit with your application for the full designation. The chart below shows the designation based on Scope of Practice and substantiation of supervised counselling practice:

	Designation <u>without</u> Substantiation of 600 hours of Supervised Practice	Designation <u>with</u> Substantiation of 600 hours of Supervised Practice
Mental Health Counselling Scope of Practice	RPC Provisional	RPC
Clinical Counselling Scope of Practice	MPCC Provisional	MPCC

Based on the above, I am applying for: ☐ **RPC Provisional** ☐ **RPC** - Mental Health Counselling Scope of Practice
☐ **MPCC Provisional** ☐ **MPCC** - Clinical Counselling Scope of Practice

IMPORTANT NOTE:

Choosing a Scope of Practice is an important decision as it dictates the nature of the counselling work that you are going to do. If applying for a Provisional designation, this decision cannot be altered until after you have completed your Provisional Internship and obtained a full designation. If applying for a full designation now, to change your scope later will require a (1) Request Form, (2) Evaluation of training to ensure competency, (3) Processing fee, and (4) Qualifying exam (with exam fee) if changing to the Clinical Counselling scope of practice. A change in scope of practice for individuals with a full designation can only be done 3 months after receiving their initial designation.

STEP 3: Application Documentation Checklist

Collect the needed documentation for the designation you are applying for:

1. RPC Provisional application	
Documentation REQUIRED with Application Email:	Documentation Sent from Other Sources:
<ul style="list-style-type: none">• Scanned Copy of Training Certificate(s)• 2 letters of Recommendation from counselling professionals• Current Curriculum Vitae or Resume• Proof of supervised practicum (if not on transcript)	<ul style="list-style-type: none">• Criminal Record Check including Vulnerable Sector Check – not more than 6 months old.• Original Transcripts from Institution
Important Note: Copies of Criminal Record with Vulnerable Sector Check and original educational transcripts may be submitted as scanned documents as part of your application with the originals to follow in the mail to the CPCA head office.	

WARNING: Incomplete Applications will NOT be processed. All documents needed for your application must be attached to your application email when it is submitted to application@thecpca.ca.
Partial or Incomplete applications will be returned.

2. MPCC Provisional application

Documentation REQUIRED with Application Email:	Documentation Sent from Other Sources:
<ul style="list-style-type: none"> Scanned Copy of Training Certificate(s) 2 letters of Recommendation from counselling professionals Current Curriculum Vitae or Resume Proof of supervised practicum (if not on transcript) 	<ul style="list-style-type: none"> Criminal Record Check including Vulnerable Sector Check – not more than 6 months old. Original Transcripts from Institution
Important Note: Copies of Criminal Record with Vulnerable Sector Check and original educational transcripts may be submitted as scanned documents as part of your application with the originals to follow in the mail to the CPCA head office.	
Important Note: Clinical Mental Health Education is required for this Scope of Practice.	

3. RPC application (without provisional status)

Documentation REQUIRED with Application Email:	Documentation Sent from Other Sources:
<ul style="list-style-type: none"> Scanned Copy of Training Certificate(s) 2 letters of Recommendation from clinical professionals Current Curriculum Vitae or Resume Proof of supervised practicum (if not on transcript) Completed/ signed Supervised Counselling Practice Substantiation (SUB 1.1) 	<ul style="list-style-type: none"> Original Criminal Records Check including Vulnerable Sector Check – not more than 6 months old. Original Transcripts from Institution
Important Note: Copies of Criminal Record with Vulnerable Sector Check and original educational transcripts may be submitted as scanned documents as part of your application with the originals to follow in the mail to the CPCA head office.	

4. MPCC application (without provisional status)

Documentation REQUIRED with Application Email:	Documentation Sent from Other Sources:
<ul style="list-style-type: none"> Scanned Copy of Training Certificate(s) 2 letters of Recommendation from clinical professionals Current Curriculum Vitae or Resume Proof of supervised practicum (if not on transcript) Completed/signed Supervised Counselling Practice Substantiation (SUB 1.1) 	<ul style="list-style-type: none"> Original Criminal Records Check including Vulnerable Sector Check – not more than 6 months old. Original Transcripts from Institution
Important Note: Copies of Criminal Record with Vulnerable Sector Check and original educational transcripts may be submitted as scanned documents as part of your application with the originals to follow in the mail to the CPCA head office.	
Important Note: Clinical Mental Health Education is required for this Scope of Practice.	

Application Fee

- Non-Refundable Fee of \$150.00 + \$5 Admin Fee + GST/HST must accompany this application. Applications submitted without receipt of the application fee are unable to be placed in queue for processing and review.
- Ensure you include the applicable provincial GST/HST amount with your payment.**
 - GST Provinces:** BC, YT, NT, AB, NU, SK, MB, QC = 5% (**\$162.75**)
 - HST Provinces:** ON 13% (**\$169.50**); NB, NL, NS, PE = 15% (**\$172.50**)
- Payment can be made by:
 - (1) E-transfer to **payment@theCPCA.ca**, password: **application**
 - (2) Credit Card - email **admissions@thecpca.ca** asking for payment link.

Additional Fees to be Aware of (do NOT pay until requested)

- Qualifying Exam \$300 + Applicable Taxes
- Membership dues will be calculated for you (pro-rated by time elapsed through the calendar year)

WARNING: Incomplete Applications will NOT be processed. All documents needed for your application must be attached to your application email when it is submitted to **application@thecpca.ca**.
Partial or Incomplete applications will be returned.



CPCA Membership Application

Please specify the Membership you are applying for:

☐ RPC Provisional ☐ MPCC Provisional ☐ RPC ☐ MPCC ☐ Reinstatement

- **RPC Provisional** - Registered Professional Counsellor Provisional Status
- **MPCC Provisional** – Master Practitioner in Clinical Counselling Provisional Status
- **RPC** - Registered Professional Counsellor (full status)
- **MPCC** - Master Practitioner in Clinical Counselling (full Status)
- If reinstating prior membership, check both the designation and reinstatement check boxes

Personal Data:

First Name: _____ Last Name: _____

Preferred Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Alternative Number: _____

Personal Email: _____

Birth date (MM/DD/YYYY): ____ / ____ / ____

Professional Data:

Name of Organization / Private Practice: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Professional Email Address: _____

Full Website Address: _____

Please indicate preferred email/mail address for all CPCA correspondence including emails, e-blasts and newsletters? This email will also be used for your Profile login. ☐ Personal ☐ Professional

Are you a Canadian Citizen? ☐ Yes ☐ No If not a Canadian Citizen, what is your *legal* status?

☐ Permanent Resident ☐ Work Visa Authorization - Expiry Date: (M/D/Y) _____

☐ Other – please specify _____ - Expiry Date: (M/D/Y) _____

How did you hear about the CPCA? ☐ Website ☐ Word of mouth ☐ Training Institute

☐ Other: _____

WARNING: Incomplete Applications will NOT be processed. All documents needed for your application must be attached to your application email when it is submitted to application@thecpca.ca.
Partial or Incomplete applications will be returned.

Please indicate your main activity during the past year(s). Please check all that apply:

- ☐ Attending College/University
- ☐ Employed - working in a counselling field
- ☐ Employed - not in a counselling field
- ☐ Unemployed
- ☐ Other – please specify: _____

Membership in Other Counselling Associations:

Are you or have you ever been a member of another Counselling Association? ☐ Yes ☐ No

If yes, which one? _____ Are you currently a member? ☐ Yes ☐ No

If yes, please identify and include a letter of membership in good standing from the Association that also states how long you have been a member.

As a part of any membership in any other counselling association, have you ever had any complaints brought against you? ☐ Yes ☐ No **If YES, please provide explanation below and attach with a copy of the complaint resolution.**

The CPCA reserves the right to refuse applicants with previous complaints.

Note: It is an offense to make a false or misleading statement and can result in refusal of application.

Relevant Education, Training & Certification:

Note: Please provide copies of Training certificate(s) & Original Transcripts.

Name of Program

Length of Program in years & months

Name of College/University/Training Institution

Date of Graduation

Degree &/or Certificate:	Institution	Date Granted

Important Note: If your counselling related degree/credential was obtained outside of Canada, please submit a [WES \(World Education Services\)](http://www.wes.org) evaluation of your degree.

Practicum/Internship:

Was a practicum a part of your clinical counselling educational program? ☐ Yes ☐ No

Is a practicum listed on your educational transcripts? ☐ Yes ☐ No

Or was your practicum separate/independent of your educational program? ☐ Yes ☐ No

If so, please attach confirmation from your Clinical Supervisor and/or P1.1 form.

Name of Practicum Site/Agency: _____

Name of Practicum Clinical Supervisor: _____

Relevant Employment History: (Please **also** provide a copy of your curriculum vitae/Resumé)

Position / Title	Organization / Private Practice	Month/Year - Month/Year

References:

At least 2 are required for all applications

References must be in good standing with a professional counselling organization, employment agency or College/University and have personal knowledge of your education and/or clinical skills. For an **RPC-C** applicant, one of the letters may be a character reference.

For an **RPC**, **MPCC** or **MPCC-S** applicant, at least one of the letters of recommendation must be from a current or previous clinical supervisor that substantiates the required clinical supervision and clinical experience for the correlating designation. In the exceptional case that an original supervisor is not accessible, a letter will be accepted from a clinical colleague, who can attest to the clinical experience and supervision of the applicant.

Name	Professional Qualifications	Phone	Email Address

DECLARATIONS WITH A PRACTICING 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.cpca-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.cpca-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 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 application@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 direction as to how membership may be obtained.

WARNING: Incomplete Application Forms will NOT be processed. All documents needed for your application must be attached to your application email when it is submitted to application@thecpca.ca.