

**COLLEGE OF LICENSED COUNSELLING THERAPISTS OF NB**  
**Application for Grandparenting & Regular Applicants**

**FORM 1**

Submit this completed application, with all required attachments in PDF format, to the:  
**College of Licensed Counselling Therapists of New Brunswick**  
**PO Box 2020 Vaughan Harvey PO Moncton, New Brunswick E1C 0T3**  
**(506) 830-5280**

*Refer to "Guide for Preparing Your Grandparenting/Regular Application Form" and "Registration Requirements" at [cctnb.ca](http://cctnb.ca) for information*

✓	<b>REQUIREMENTS-</b> Use the checklist below to ensure that you have scanned and included all documents required for review by CCTNB. <i>Please ensure you complete all sections on every page as directed.</i>	<i>College Use</i>
	A. APPLICANT: Applicant name, address, phone, e-mail address, language, hand-written/digital signature checkbox, English/French language proficiency (Form 1)	
	B. POST SECONDARY EDUCATION: Complete indicating your consent for access.	
	C. MASTER'S PRACTICUM SETTINGS AND LOCATIONS: Practicum Description Form ( <a href="#">Form 2</a> ) signed by an official, supervising professor or representative of the university <b>and sent directly to our office.</b>	
	D. PROFESSIONAL REFERENCES: <b>Two</b> Professional References (using the Professional Reference Form provided- <a href="#">Form 3</a> ). This form must be completed and <b>sent directly to our office by your referees.</b> <b>Click and Print</b>	
	E. GRADUATE COUNSELLING COURSES. Post-Secondary Education - Official Transcript of your undergraduate degree PLUS a transcript of your graduate degree and/or all graduate-level counselling courses taken to be sent directly from the Institution to our office. <b>Also, send a completed <a href="#">Form 4</a> or <a href="#">Form 5</a> to CCTNB</b>	
	F. SUPERVISION AGREEMENT- <a href="#">Form 6</a> (Applicant and Proposed Supervisor complete together)	
	G. PROPOSED SUPERVISOR APPLICATION- <a href="#">Form 7</a>	
	H. PROFESSIONAL COUNSELLING EXPERIENCE	
	I. PROFESSIONAL CREDENTIALS AND MEMBERSHIPS	
	J. COPY OF PROFESSIONAL LIABILITY INSURANCE in the amount of 2 million dollars	
	K. RESUME: Submit an up-to-date resume indicating your education, work history and volunteer work related to counselling. ( <i>PDF format</i> )	
	L. CRIMINAL RECORD WITH VULNERABLE SECTOR CHECK by Police or RCMP in your area- (must have been conducted within the last 6 months) ( <i>PDF format</i> )	
	M. DECLARATION	
	<b>LAST REMINDERS</b> – Scanned documents sent and payment of non-refundable Application Fee of \$100 PLUS payment of College dues (see pro-rated chart at end of this application form). Cheques ONLY are accepted as payment ( <i>Visa and MasterCard are not accepted</i> ).	

I have made arrangements for the required documents to be forwarded to the CCTNB Registrar. I understand that the Registration Committee will not review my application until these are received. I understand that I am responsible for any inquiries regarding the documents that are being sent to the College. I also understand that my application will not be reviewed until my \$100 non-refundable application fee AND my cheque for membership dues have been paid to the College of Licensed Counselling Therapists of NB and processed by the bank.

By initialling this box, I agree to the terms and conditions as stipulated above and give consent for CCTNB to verify information provided as deemed necessary. I understand that by initialling this box, I am submitting my application and this shall be considered as my signature.

**Please read:**

Please do not send your application until you can include all your required documentation except those that are being sent by other people, agencies or institutions. If sending by e-mail, please send ALL the required documents in PDF format only. (See instructions below)

**INSTRUCTIONS TO CONVERT WORD DOCUMENT TO PDF FORMAT:**

- \* In MS-Word menu, select File – Save As
- \* In the pop-up box, select where you want to save your document
- \* Then click the up-down arrow located by “FORMAT” type and select PDF from the list.
- \* Click on “Save” to save document.

**A. (1) APPLICANT :** (Please print your legal names)

<i>First Name</i>	<i>Middle Name or Initial</i>	<i>Last Name</i>
<i>Address: (Street, PO Box, RR)</i>	<i>City, Town, Village, etc.</i>	<i>Province    Postal Code</i>
<i>Daytime Phone</i>	<i>Evening Phone</i>	<i>Email</i>
<i>Name for website: _____</i>		<i>Language Preference: English _____ French _____</i>
<i>Name to be shown on certificate: _____</i>		

- I wish to have my name listed on the CCTNB website*       *I do not wish to have my name listed on the CCTNB website*

**A. (2) ENGLISH/FRENCH LANGUAGE PROFICIENCY:** Check (✓) one response below and complete as required:

\_\_\_ All courses taken by me in my Master’s level counselling degree were in English or French.

I have completed the following English or French Language Proficiency Test: \_\_\_\_\_

An official copy of my test evaluation is provided as an enclosure with this application. I realize that I may be required to take another test if either this test or the score are not satisfactory .

**B. POST SECONDARY EDUCATION: I consent to allowing access to my academic information as listed below.**

Education	University / Institution and Location	MM/YY	Degree	Major
<b>Bachelor Degree(s)</b>	1			
	2			
<b>Graduate Degree(s)</b>	1			
	2			

**C. MASTER'S PRACTICUM :** (150 hours of direct client contact + 150 hours of indirect contact= 300 hours)  
 (Applicants who completed their practicum later than 2013 must also complete the *Practicum Description-Form 2*)

	Name	Position and Employer	Professional Qualifications	Email and Phone #
Practicum 1- Supervisor				
Practicum 1- Onsite Supervisor				
Practicum 2- Supervisor				
Practicum 2- Onsite Supervisor				

**D. PROFESSIONAL REFERENCES (two):** Complete information for each of your Referees below. Referees must also complete the **Professional Reference Form (Form 3)**. Referees will submit directly to the CCTNB at the address noted on this form. At least one Professional Reference Form must be completed by a Practicum or Onsite Supervisor.

Referee's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Professional Relationship to Applicant: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Professional College / Association to which referee belongs: \_\_\_\_\_ Reg # \_\_\_\_\_

Referee's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Professional Relationship to Applicant: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Professional College / Association to which referee belongs: \_\_\_\_\_ Reg # \_\_\_\_\_

**E. GRADUATE COUNSELLING COURSES COMPLETED FROM TRANSCRIPTS (Complete Form 4 or 5)**

Record all graduate/Master's level counselling courses you have taken using the ones listed on the chart below as a guide. Check that the course content in your description corresponds with the content in the generic course description listing.

**Note:**

1. A course syllabus for each of the courses you list below must be attached. You must list at least 10 courses.
2. An official transcript from the institution(s) where the courses recorded below were taken to be sent directly from the institution's Registrar's office to CCTNB. Also, send an official transcript of your undergraduate degree.
3. In addition to the four compulsory courses listed below, a minimum of five of the remaining graduate-level courses you have taken must be chosen from the "Additional Courses" listed below. While course names may vary, course content should be similar. The balance of the credit hours of graduate-level/Master's level courses taken should complete the list, be recorded on the chart below and verified in your University transcript.

**E. GRADUATE COUNSELLING COURSES COMPLETED FROM TRANSCRIPTS (CONT'D)**

<b>Compulsory Course:</b>					
#	Course #	Course Title	Your Course Title	Credit/Hours	Date Completed
1		<b>Counselling Theory</b>			
2		<b>Counselling Practicum</b>			
3		<b>Counselling Skills</b>			
4		<b>Ethics (if required by university)</b>			

**Additional Courses:** A minimum of five, 3 credit hour courses must be chosen from the following course selection: Assessment Processes, Counselling in Professional Ethics, Career Development Theory, Group Counselling, Specialized Settings, Intervention Strategies, Consultation Methods, Methods in Evaluation, Diversity Issues, Group Counselling, Human Development and Learning, Vocational and Personal Development, Lifestyle and Career Development, Gender Issues, Psychological Education, Counselling Across the Career Lifespan, and Research and Evaluation. These five, and all remaining courses listed on your graduate-level university transcript or Masters level university transcript, are to be recorded below.

#	Course #	Course Title	Your Course Title	Credit/Hours	Date Completed
5					
6					
7					
8					
9					
10					
11					
12					

**F. SUPERVISION AGREEMENT: (Applicant & Proposed Supervisor to complete together) (Form 6)**

*The supervisory relationship between Candidate and Supervisor is one which must be 'at arm's length'.  
Check other Supervisor selection criteria on the CCTNB website.*

The SECTION BELOW has two sections that the **Grandparenting/Regular Applicant and the Proposed Supervisor** are required to complete in consultation with one another. Grandparenting applicants will be required to complete a Candidacy of 500 Counselling Hours (200 Direct-Client Contact) and 25 Supervision Hours. Regular Applicants will be required to complete a Candidacy of 2000 Counselling Hours (800 Direct-Client Contact) and 50 Supervision Hours. Presently, supervisors need to complete Section 'G' and must be a Licensed Counselling Therapist, must have at least 5 years of counselling experience, must take a Supervision course acceptable to the Board within 1 year of beginning their role as supervisor and have 2 million dollars in Liability Insurance.

**Other requirements:**

- Supervision will involve ½ of hours listed above in face-to-face supervision and ½ in indirect supervision for total hrs. required.
- Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
- A supervisor may not be a current or former family member or others where the personal relationship interferes with or makes challenging the establishment of a professional relationship.
- Supervisors in administrative relationships to the Candidate, whose position involves evaluating job performance or assessing case management, are not suitable for evaluating the quality of therapy given to a client.
- On-site or Practicum Supervisors from applicant's Masters Practicum placements are not eligible to provide supervision for applicant's Candidacy.

**THE SUPERVISION AGREEMENT MUST BE COMPLETED, SCANNED AND RETURNED BY EMAIL TO INFO@CCTNB.CA**

**G. PROPOSED SUPERVISOR: To be completed by Supervisor who is Licensed Counselling Therapist (Form 7)**

The proposed Supervisor Information form must be completed, scanned and returned by email to info@cctnb.ca.

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**H. PROFESSIONAL COUNSELLING EXPERIENCE:** List most recent counselling therapy work experiences. Do not list more than 2000 hrs or 2-5 years of Counselling Therapy work. Volunteer work at a registered agency may count for up to 20%.

**Note:**

- Grandparenting Applicants need at least 2000 counselling hours which includes 800 Direct-Client Contact to become members.
- Regular Applicants have no requirements in terms of counselling hours to become members.

***Direct-Contact Client Hours are hours spent directly involved in a counselling session.  
(One 45 minute session equals 1 hour of Direct-Client Contact).***

Employer: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Work Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_

Description of Counselling Responsibilities (**specify hours of Direct-Client Contact per week & total weeks in this position**)

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Employer: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Work Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_

Description of Counselling Responsibilities (**specify hrs. of Direct-Client Contact/week & total weeks in this position**)

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**I. PROFESSIONAL CREDENTIALS AND MEMBERSHIPS** (list relevant professional counselling associations in which you have licensing or certification first). Also list associations/organizations to which you have been refused entry or to which your membership was cancelled for any reason.

Complete Name of Organization \_\_\_\_\_

Credential \_\_\_\_\_ Member/Registration/Licence # \_\_\_\_\_

Complete Name of Organization \_\_\_\_\_

Credential \_\_\_\_\_ Member/Registration/Licence # \_\_\_\_\_

Complete Name of Organization \_\_\_\_\_

Credential \_\_\_\_\_ Member/Registration/Licence # \_\_\_\_\_

**J. PROFESSIONAL LIABILITY INSURANCE:**

*As described in the Act, LCT-C's must have a minimum of 2 million dollars in Professional Liability Insurance coverage. This may be coverage that your employer will take or has taken out on your behalf. Otherwise, you must have your own insurance coverage before you begin your counselling practice as a LCT-C. Please provide the applicable information below:*

- I am presently covered for Professional Liability as a counsellor, therapist or psychotherapist through this insurance policy:  
Company: \_\_\_\_\_ Policy# \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Verification of coverage attached.
- My professional liability insurance coverage is held by my employer for all counselling or therapy in which I am engaged and I attach a letter from my employer confirming this coverage.
- I do not have Professional Liability insurance coverage, but I will obtain coverage upon provisional approval of my application. I understand that I cannot begin Direct-Client Contact or begin accruing supervised candidacy hours as a LCT-C until verification of coverage is received by CCTNB.

**K. RESUME:** *Submit most recent resume detailing your education, work history and volunteer work relating to counselling.*

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**L. CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR CLEARANCE** - *Obtained from you Municipal Police or RCMP. Enclose this document(s) with the rest of this application. (PDF Format*

**M. DECLARATION**

I have never been subject to any disciplinary process or to any ruling that has suspended or revoked my membership or registration with any licensing professional counselling association in NB or another jurisdiction. (If you have been subject to a disciplinary process or ruling that has suspended or revoked your membership or registration with any licensing professional counselling association, do not sign this statement. Provide details on a separate sheet).

I have never been convicted or charged with a criminal offence.

X \_\_\_\_\_  
**Applicant's signature**

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

I certify that all of the information included in this form and accompanying documents is correct in consideration of which I wish to apply for membership as an Licensed Counselling Therapist (LCT) or Licensed Counselling Therapist-Candidate (LCT-C). I agree to abide by the 'Code of Ethics' and 'Standards of Practice' of the College of Licensed Counselling Therapists of New Brunswick. If I am granted LICENSING by CCTNB and practice counselling as a private practitioner, I do so at my own risk. I hereby release CCTNB from any and all liability and/or claim that may arise from any decisions to practice privately as a Licensed Counselling Therapist. I understand that all material submitted to the College become the property of CCTNB upon receipt and that neither originals nor photocopies will be returned to me unless stated in correspondence.

*\*As per CCTNB By-Laws, the Code of Ethics and Standards of Practice adopted by the CCTNB are the Canadian Counselling and Psychotherapy Association Code of Ethics and Standards of Practice.*

X \_\_\_\_\_  
**Applicant's signature**

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

***Please see the chart on the CCTNB website to determine your dues payable to the CCTNB.***

***Dues are payable by cheque only. Please send by mail.***

**COLLEGE OF LICENSED COUNSELLING THERAPISTS OF NEW BRUNSWICK**

**P.O. BOX 2020, VAUGHAN HARVEY PO**

**MONCTON, NB E1C 0T3**

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