

**College of Licensed Counselling Therapists of New Brunswick  
Professional Reference Form**

**FORM 3**

Please be advised that this form may be subject to any Freedom of Information Legislation.

**IMPORTANT NOTE:** To be completed only by persons who are familiar with applicant's counselling skills.

The person named below has applied to the New Brunswick College of Licensed Counselling Therapists (CCTNB) to become a Licensed Counselling Therapist -Candidate. Your assessment of the applicant's characteristics will enable CCTNB to evaluate whether this applicant meets its standards. Mail to: **College of Licensed Counselling Therapist of New Brunswick, Box 2020, Vaughan Harvey PO, Moncton, NB E1C 0T3 (506) 830-5280**

Applicant Information	
Name (first and last):	
Address (number, street, town, province, postal code):	
Email	Telephone

Referee Information	
Name:	Profession:
Degrees:	Professional Title:
Business Postal Address	Email:
Telephone:	Years of clinical practice:

A. Please indicate the time period for which you can attest to this applicant's counselling skills. From \_\_\_\_\_ until \_\_\_\_\_.  
(This must represent practice within the past ten years.) month/year month/year

B. Is there any reason that you should not be considered an appropriate referee (e.g. conflict of interest, lack of knowledge of applicant's clinical work as a counsellor, etc.).  Yes  No  
If yes, explain: \_\_\_\_\_

C. Using the scale below, please rate the applicant, compared to other counsellors you know, or have known with similar counselling experience in the following 16 categories. This section is not complete without a written explanation. If you require additional space for your comments, please attach another page. 4- Outstanding, 3 -Above Average, 2- Average, 1- Below Average

Categories		4	3	2	1	Provide an explanation for your rating. (If you cannot provide an evaluation in any particular category, use this space to explain the reason.)
1.	Individual Counselling Skills					
2.	Group Counselling Skills					
3.	Personal integrity					
4.	Ability to establish and maintain an effective working relationship with client(s)					
5.	Ability to relate to co-workers					

Rating: 4-Outstanding 3-Above average 2-Average 1-Below average

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<u>Categories</u>		4	3	2	1	<i>Provide an explanation for your rating. (If you cannot provide an evaluation in any particular category, use this space to explain the reason.)</i>
6.	Ability to manage closure ending of therapy					
7.	Ability to be objective on the job					
8.	Sense of responsibility					
9.	Ability to consult with other professionals					
10.	Ability to refer to other professionals					
11.	Recognition of own limitations					
12.	Concern for welfare of clients					
13.	Ability to work with diverse populations.					
14.	Ethical Conduct-ability to keep information confidential					

**D.** If you have any concerns or remarks about this person's ability as a Licensed Counselling Therapist-Candidate that have not already been covered by the questions in section D, or you wish to make a summary statement about the applicant's competence to provide counselling therapy to clients, please use this space. (Attach an additional sheet if necessary.)

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**E.** Select **one** response: The following recommendation is based on my best judgement and I am willing to answer additional questions concerning this evaluation should NSCCT deem it necessary.

I recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C).

I do not recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C)

**Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_