

**College of Licensed Counselling Therapists of New Brunswick
Graduate Degrees Obtained Outside Canada**

FORM 5

USA Degrees – complete Sections A and B.

Other International Degrees - Complete Sections A and C.

Send with all of your other application documents to: info@cctnb.ca

College of Licensed Counselling Therapists of NB, PO Box 2020, Vaughan Harvey PO, Moncton, NB E1C 0T3

SECTION A: All applicants must complete this section

Applicant's Name:	Daytime Phone:
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Email address:

Name of University:	University Address:
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Graduate Degree:	Year of Graduation: M/Y
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SECTION B: Applicants with Masters and/or Ph. D degrees from the USA must complete this section.

B. 1 Regional Accreditation Body with which the Academic Institution is accredited. Provide the website where information verifying the status of your institution is found or request this verification be sent directly from the university to CCTNB.

B. 2 University Degree Program , at the time it was taken, was accredited by:

NOTE: If your degree program or university does not meet the criteria of the Registration Committee, a degree obtained in the USA may require a WES* report to determine equivalency. Submit your application without this initially. If a WES report is required, you will be contacted.

SECTION C : Applicants with Masters and/or Ph.D degrees obtained from outside Canada and the USA must complete this section.

In order to apply for licensure with CCTNB, in addition to the Official University Transcript, and Graduate Course Syllabi as noted in the 'CCTNB Grandparenting and Regular Application', one must provide a report as described below:

World Education Services (WES) provides a service for applicants to gauge the equivalency of one's academic degree with others in Canada that are accepted by CCTNB. The **ICAP version of the report is required. WES Canada can be contacted through this website: **www.wes.org** or by phone at this toll free number: **1-866-343-0070** All fees associated with obtaining this report are the responsibility of the applicant.*

I, _____ have arranged for this report to be completed and mailed directly to the College of Licensed Counselling Therapists of NB at the College's postal address listed above.

_____ Signature

_____ Date