



This application is to be used ONLY by Career Counsellors, Guidance Counsellors, Psychotherapists, Counselling Therapists or someone possessing a similar valid current license in another province or territory in Canada. Enclose this with all of your other application documents and mail to: College of Counselling Therapists of N.B. P.O. Box 2020, Vaughan Harvey PO, Moncton, NB E1C 0T3

SECTION A: All applicants must complete this section.		
Applicant's name:		Daytime phone:
Email address:		Alternate (cell) phone:
Current licensing body:	Address of licensing body:	Telephone of licensing body:
Website of licensing body:		Title on license:
	Province: Postal code:	
Registration number:	Date of issue:	Expiry date:
SECTION B: Application fee		
<p>B. 1 Application must be accompanied by a non-refundable application fee of \$100 in cheque or money order form (no credit card, debit or email money transfer information accepted at this time). \$ _____ enclosed _____ (initial)</p> <p>(Note: Upon approval newly licensed members will be required to pay the pro-rated membership fee based on the date of approval. Licensure renewal year runs from May 1 – April 30 of the following year.</p>		
SECTION C: Documentation required to be enclosed with this application		Check if enclosed
1.	Masters level university transcript used to obtain licensure elsewhere in Canada (used for statistical purposes only – not to evaluate application)	
2.	Current resume or curriculum vitae (used for statistical purposes only – not to evaluate application)	
3.	Copy of current provincial/territorial license used in submitting this application	
4.	An original letter from <u>each registering body</u> with whom the applicant is registered, to attest to applicant's good standing with that college.	
5.	Criminal Record with Vulnerable Sector Check and Child Abuse Registry Check (where available)	
6.	Evidence of professional liability insurance policy coverage of \$2,000,000 minimum	
7.	Reference letter from a clinical supervisor or colleague in a non-compliant relationship to the applicant, attesting to the applicant's good character. (This letter to be sent directly to the CCTNB Registrar.)	



SECTION D: Declaration

I _____, declare that:

1. I have never been subject to any disciplinary process, inquiry, investigation, or to any ruling that has, or might have resulted in/had the potential to result in, suspension or revocation of my membership, registration, or licensure with any registering/licensing professional association or body. (If you have been subject to a disciplinary process, inquiry, investigation, or ruling, do not sign this statement. Provide details on a separate sheet.)

Applicant's Signature

Date

2. I certify that all of the information included in this form and accompanying documents is correct and accurate in all details in consideration of which I wish to apply for transfer of license as a Licensed Counselling Therapist (LCT) or Licensed Counselling Therapist – Candidate (LCT-C) as stated. I agree to abide by the "Code of Ethics" and "Standards of Practice" of the Canadian Counselling and Psychotherapy Association. *
3. If I am granted registration 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 becomes the property of CCTNB upon receipt and that neither originals nor photocopies will be returned to me. I have also included a valid Criminal Record with Vulnerable Sector Check and a Child Abuse Registry Check (where available) conducted within the last 6 months.

* As stipulated in the CCTNB By-Laws (13.01), the Code of Ethics of the Canadian Counselling and Psychotherapy Association is hereby adopted as the Code of Ethics of the College, is incorporated herein by reference as by-laws and hereafter is referred to as the College's Code of Ethics.

Signature

Date

Enclose this with all of your other application documents and mail to:

College of Counselling Therapists of New Brunswick
P.O. Box 2020, Vaughan Harvey PO
Moncton, NB E1C 0T3
Phone: (506) 830-5280