

College of Licensed Counselling Therapists of New Brunswick

PO Box 2020

RPO Vaughan Harvey

Moncton, NB E1C 0T3

Thank you for taking a moment to complete this form. With this form, you are confirming that you are not in Private Practice and are covered under an employer's insurance policy.

Name of Applicant: _____
Last Name First Name

Employed? Yes No

If employed, please provide the name of employer and address:

If employed, please state your position: _____

Please note: If you are accepted as a member of the College and decide to engage in Private Practice, you must purchase Liability Insurance in the amount of 2 million dollars or more and provide proof of such to the College.

Please return this form to the Registrar by email (info@cctnb.ca) as soon as possible.

Thank you!