



## Graduate Degrees Obtained Outside Canada

An application for membership form to be submitted with the other documentation.

<b>SECTION A: All applicants must complete this section.</b>	
Applicant's Name:	Daytime Phone:
Email address:	
Name of University:	University Address:
Graduate Degree:	Year of Graduation: M/Y
<b>SECTION B: Applicants with Masters and/or Ph. D degrees from the USA must complete this section.</b>	
<p><b>B.1.</b> 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.</p> <p>(i) Regional Accreditation Body: _____</p> <p>(ii) Website link verifying the above: _____</p> <p><b>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.</b></p>	
<b>SECTION C: Applicants with Masters and/or Ph.D degrees obtained from outside Canada and the USA must complete this section.</b>	
<p><b>C.1.</b> 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:</p> <p><i>*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 <b>ICAP</b> version of the report is required. WES Canada can be contacted through this website: <b>www.wes.org</b> or by phone at this toll-free number: <b>1-866-343-0070</b> All fees associated with obtaining this report are the responsibility of the applicant.</i></p> <p>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.</p>	
<b>SECTION D: I submit this information to be considered when my application for Licensed Counselling Therapist – Candidate is reviewed by the College of Counselling Therapists of New Brunswick.</b>	
Signature: _____	Date: _____