

## Graduate Degrees Obtained in Canada

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

SECTION A: All applicants must complete this section.			
Applica	ant's Name:	Day	rtime Phone:
Email address:			
Name o	of University:	University Address:	
Gradua	ate Degree:		Year of Graduation: M/Y
SECTION B: Applicants with Masters and/or Ph. D degrees obtained from a Canadian institution must complete this section.			
From the Counselling Therapists Act – Part 1-1 "or an equivalent to the program approved by the Board required to qualify for registration as a licensed counselling therapist" means a program that meets both of the following criteria:			
<b>B.1 (a)</b> The program is obtained from a government-authorized, degree granting institution in Canada.			
(i)	The government, which has authorized the institution to grant degrees:		
(ii)	Website link verifying the above:		
<b>B.2 (b)</b> The program is subject to the oversight of a recognized external academic authority recognized and approved by the Board:			
(i)	Provide the name, postal address, and website link of the external academic authority:		
SECTION C: All applicants must complete this section.			
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.			
Signatu	lite:	Date	: