



Licensing Membership Application – Regular or Experienced Practitioner

Application Route: Regular Experienced Practitioner

Part A: Applicant

Full Name: _____

Name to be shown on the Certificate: _____

Address: _____

Phone: _____ Email: _____

Phone 2: _____ Website: _____

Language Preference:

English

French

CCTNB Website Listing:

I wish to have my name listed on the CCTNB Website

I do not wish to have my name listed on CCTNB Website

English/French Proficiency:

All courses taken by me in my counselling education program were in English or French

I have completed an English/French Language Proficiency Test to be included with my application

Part B: Post-Secondary Education

Applicants to also submit The Graduate Degrees in Canada or Outside Canada Form.

Bachelor Degree(s)

Degree & Major: _____

University/Institution : _____ Date: _____

Degree & Major (2): _____

University/Institution : _____ Date: _____

Graduate Degree(s)

Degree & Major: _____

University/Institution : _____ Date: _____

Degree & Major (2): _____

University/Institution : _____ Date: _____

Certificate/Diploma

Name: _____

University/Institution : _____ Date: _____

Part C: Supervised Clinical Practicum
150 hours of Direct Client Contact + 150 hours of indirect contact = 300 hours

Practicum professor or Practicum Clinical Supervisor to complete and submit the Practicum Description Form.

Practicum(s)

Clinical Supervisor: _____
Position/Employer : _____ Professional Qualifications : _____
Email : _____ Phone: _____

Onsite Supervisor: _____
Position/Employer : _____ Professional Qualifications : _____
Email : _____ Phone: _____

Clinical Supervisor (2): _____
Position/Employer : _____ Professional Qualifications : _____
Email : _____ Phone: _____

Onsite Supervisor (2): _____
Position/Employer : _____ Professional Qualifications : _____
Email : _____ Phone: _____

Part D: Professional References (Two Required)

Referees to complete and submit the Professional Reference Form.

Referee Name: _____ Registration #: _____
Address: _____
Professional Relationship to Applicant : _____ Professional College/Association to which the referee belongs : _____
Email : _____ Phone: _____

Referee Name (2): _____ Registration #: _____
Address: _____
Professional Relationship to Applicant : _____ Professional College/Association to which the referee belongs : _____
Email : _____ Phone: _____

Part E: Graduate Coursework (Complete Form 11)

Applicants must have completed a total of eight (8) graduate-level courses in specific areas from an acceptable institution. The content of these courses will be evaluated in comparison to the course content provided in the sample course descriptions found on the Graduate Course Description Form.

To help College determine if applicants meet the minimum graduate course requirements for LCT-C licensure in New Brunswick, applicants are asked to complete and submit the Graduate Course Description Form as part of their application. Courses will be verified in your University transcript.

Part F: Professional Counselling Experience

Regular Applicants have no requirements in terms of counselling hours to become members.

Experienced practitioner applicants must demonstrate they have 2000 hours of counselling therapy work experience with 800 of those being direct client contact, within 5 years prior to submission of application form.

List most recent counselling therapy work experiences. Do not list more than 2000 hours or 2-5 years of counselling therapy work. Volunteer work at a registered agency may count for up to 20%. Direct-contact hours are hours spent directly involved in a counselling session. One 45–60-minute session equals 1 hour of direct client contact. Please read the supervision rules for a detailed description of counselling hours and direct client contact.

Employer(s)

Employer: _____

Date of Employment from : _____ to : _____

Address: _____

Work Supervisor: _____
Name Phone Email

Your title: _____

Description of Counselling Responsibilities (specify hours of direct-client contact per week and total weeks in this position:

Employer 2: _____

Date of Employment from : _____ to : _____

Address: _____

Work Supervisor: _____
Name Phone Email

Your title: _____

Description of Counselling Responsibilities (specify hours of direct-client contact per week and total weeks in this position:

Employer 3: _____

Date of Employment from : _____ to : _____

Address: _____

Work Supervisor: _____
Name Phone Email

Your title: _____

Description of Counselling Responsibilities (specify hours of direct-client contact per week and total weeks in this position:

Part G: Professional Credentials and Memberships

List relevant professional counselling associations in which you have licensing or certification first. Also list associations/organizations to which you have been refused entry or to which your membership was cancelled for any reason.

Organization(s)

Complete Name of Organization: _____

Credential : _____ Member/Licence #: : _____

Complete Name of Organization (2): _____

Credential : _____ Member/Licence #: : _____

Part H: Professional Liability Insurance

As described in the Licensing Counselling Act, LCT-C's must have a minimum of 2 million dollars in Professional Liability Insurance coverage. This may be coverage that your employer will take or has taken out on your behalf. Otherwise, you must have your own insurance coverage before you begin your counselling practice as a LCT-C. Please provide the applicable information below:

I am presently covered for Professional Liability as a counsellor, therapist, or psychotherapist through this insurance policy:

Company	Policy #	Expiry Date
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My professional liability insurance coverage is held by my employer for all counselling or therapy in which I am engaged, and I attach **Form 9** to my application confirming this coverage.

Part I: Resume

Submit with your application your most recent resume detailing your education, work history and volunteer work relating to counselling.

Part J: Criminal Record Check with Vulnerable Sector Clearance/Enhanced Police Check

CRC's are obtained from you Municipal Police or RCMP for those employed. If you are unable to obtain a CRC you may obtain an Enhanced Police Check from [Enhanced Police Information Check \(E-PIC\) - Sterling Backcheck](#) . Enclose this/these document(s) with the rest of this application.

Part K: Declaration

I have never been subject to any disciplinary process or to any ruling that has suspended or revoked my membership or registration with any licensing professional counselling association in NB or another jurisdiction. (If you have been subject to a disciplinary process or ruling that has suspended or revoked your membership or registration with any licensing professional counselling association, do not sign this statement. Provide details on a separate sheet).

I have never been convicted or charged with a criminal offence.

Signature: _____ Date: _____

I certify that all of the information included in this form and accompanying documents is correct in consideration of which I wish to apply for membership as a Licensed Counselling Therapist (LCT) or Licensed Counselling Therapist-Candidate (LCT-C). I agree to abide by the 'Code of Ethics', 'Standards of Practice' and read the 'bylaws' of the College of Licensed Counselling Therapists of New Brunswick. If I am granted LICENSING by CCTNB and practice counselling as a private practitioner, I do so at my own risk. I hereby release CCTNB from 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 become the property of CCTNB upon receipt and that neither originals nor photocopies will be returned to me unless stated in correspondence.

*As per CCTNB By-Laws, the Code of Ethics and Standards of Practice adopted by the CCTNB are the Canadian Counselling and Psychotherapy Association Code of Ethics and Standards of Practice.

Signature: _____ Date: _____