

These rules are made by the
Board of Directors under the
authority of the Licensed
Counselling Therapy Act

Rules

College of Licensed
Counselling Therapists of
New Brunswick



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Article I. Definitions

In these rules, unless the context otherwise requires, any words used in these rules which are defined in the Act, or the by-laws shall have the meaning set out in the Act or by-laws as the case may be.

“Offence” or “charge” or “conviction” respectively mean an offence or charge or conviction under the *Criminal Code of Canada* or under any other federal statute of Canada, including but not limited to the *Controlled Drugs and Substances Act*, or an offence, charge, or conviction in respect of similar statutes in any jurisdiction outside of Canada.

Article II. PART 1 - GENERAL REGISTRATION REQUIREMENTS

Section 2.01 Initial Registration and Renewal of Registration - Proof of Good Character

All applicants for initial registration or initial temporary registration, and all renewal applicants who have responded yes to the question(s) on the renewal application respecting offences, charges, and convictions, must satisfy the Registrar of his or her good character. The applicant must provide evidence of good character which includes but may not be limited to:

- (i) *If an applicant:*
 - a) answers “yes” respecting offences, charges, or convictions on an application, or
 - b) the Criminal Record Check with Vulnerable Sector Screening, or the Enhanced Criminal Record Check submitted by an applicant for initial registration discloses charges or convictions, the applicant must submit a completed “Applicant Information on Charges and Offences” form, including a current Criminal Record Check with Vulnerable Sector Screening as specified in the form, or a current Enhanced Criminal Record Check;
- (ii) *satisfactory references from present or previous employers, or in the case of a student, verification of successful completion of an approved counselling education program by the program director or that person’s designate;*
- (iii) *no record of outstanding charges or convictions relevant to the practice of counselling therapy and membership in the College;*
- (iv) *no record of outstanding investigations or other disciplinary proceedings; and*
- (v) *no history of dishonest behaviour or misrepresentation on an application for*

membership.

- (vi) *An applicant with one or more outstanding charges or convictions for an offence is assessed according to the following criteria to determine eligibility for membership and shall provide such information as the Registrar requires:*
- a) the nature of the behaviour for which the charge or conviction was made, and, if repeated the threat to patient safety and to the employer's ability to operate safely and efficiently;
 - b) the circumstances of the charge or conviction and the particulars of the offence(s) involved; and
 - c) in the case of a conviction, efforts made at rehabilitation, likelihood of recurrences, and accomplishments of the individual since the conviction.
- (vii) *Subject to (viii) below, applicants who are serving or subject to a sentence, which includes parole, suspended sentence, house arrest, conditional and absolute discharge, probation, or other incomplete disposition by a court for an offence are not eligible for membership.*
- (viii) *Notwithstanding (vii) the Registrar may approve applicants for registration or temporary registration or renewal with outstanding charges, convictions, or sentence:*
- a) if all of the following criteria are met:
 - i) *satisfactory references;*
 - ii) *in the case of a conviction documentation supporting that the applicant has been of good character since the conviction;*
 - iii) *there are no special circumstances that lead the Registrar to reasonably believe the applicant is not of good character, and*
 - iv) *the conviction or charge is for impaired driving, theft under \$1000, or is marijuana-related (exclusive of trafficking).*
- (ix) *in the case of a conviction for an offence other than the offences mentioned in (iv) above,*
- a) there are no outstanding conditions such as completion of sentence, probationary period, suspension, etc. that lead the Registrar to reasonably believe the applicant should not be practicing counselling therapy until the completion of such sentence, probationary period, suspension, etc., and;
 - b) there are no circumstances that lead the Registrar to reasonably believe that the registration of the applicant would constitute a danger to the public or would

adversely affect the good name of the College or the licensed counselling therapy profession.

Section 2.02 Late Registration Fee

All applicants for renewal of registration who fail to register by the date required in any year shall not be eligible for registration until the applicant has complied with all other requirements for registration and has paid a late registration fee in amounts determined by the Board by resolution from time to time.

Section 2.03 Summary Tables

(a) Licensed Members

(i) Experienced Applicant

Membership Category	Written Examination	Education and Training Required for Admittance	Clinical Experience Required for Admittance	Post-Admittance Requirements
Experienced practitioner applicant Applicant will be admitted into the College as a Licensed Counselling Therapist-Candidate)	No requirement unless deemed necessary by the Board	<p>A master's level counselling degree or an equivalent program approved by the Board required to qualify for registration as a licensed counselling therapist.</p> <p>A master's level counselling degree includes:</p> <p style="padding-left: 40px;">30 credit hours of training and education central to the practice of counselling therapy.</p> <p>One course in each of the following areas: Counselling Theory, Counselling Practicum, Counselling Skills, and Ethics.</p> <p>Five courses identified from the following course list: Assessment, Career Development/Counselling, Group Counselling, Crisis Counselling, Family and Marriage Counselling, Culture and Diversity Considerations, Gender Issues, Intervention Strategies, Research and Evaluation, Human Development Across the Lifespan</p> <p>Counselling Practicum requirements:</p> <p style="padding-left: 40px;">Involves professional development and supervised practice in a counselling context. Students are expected to achieve a minimum of 150 hours in direct work with clients (individual, family and/or group counselling) under the supervision of a qualified professional. At the discretion of the Board, applicants missing counselling</p>	<p>* 2000 hours of counselling work (min. of 800 direct individual, couple, family, or group counselling hours); hours must have been completed within the 5 years before submitting application.</p> <p>Applicants must have graduated from their counselling education program more than 3</p>	<p>Must complete 500 hours counselling work (min. of 200 hours of direct client hours) and 25 hours of supervision within 1-3 years of admittance into the College.</p>
				Titles

		<p>practicum hours upon application to CCTNB may make up these hours through clinical supervision. Applicants who obtained their counselling education program 10 or more years prior to their application are not needed to meet counselling practicum requirements.</p> <p>All sections of the admission application must be filled out completely and all requirements for admission must be met to the satisfaction of the Board.</p> <p>Other requirements:</p> <p>*Proof of liability insurance for 2 million dollars.</p> <p>*Listing of employment involving counselling work</p> <p>*Evidence of Good Standing-Legal and Professional Issues-Please see below</p> <p>*Criminal Record with Vulnerable Sector Check Screening (employed applicants)</p> <p>* Enhanced Police Information Check (unemployed applicants)</p> <p>*Two professional references who hold a Master's Degree or higher in Counselling, Psychology, Social Work, or a related field, and who can evaluate the applicant's counselling skills within the last five years, or acceptable alternatives when an applicant cannot provide two professional references through no fault of their own. One of the professional references should be the on-site practicum supervisor, if practical.</p>	<p>years before submitting their application.</p>	<p>* LCT-C</p> <p>* Licensed Counselling Therapist-Candidate</p> <p>*Will be permitted to use earned recognized specialty designations</p>
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(ii) Regular Applicant

Membership Category	Written Examination	Education and Training Required for Admittance	Clinical Experience Required for Admittance	Post-Admittance Requirements for LCT-C to become LCT
<p>REGULAR APPLICANT</p> <p>Applicant will be admitted to the College as a Licensed Counselling Therapist-Candidate.</p>	<p>No requirement unless deemed necessary by the Board</p>	<p>A master's level counselling degree, or an equivalent program approved by the Board required to qualify for registration as a licensed counselling therapist.</p> <p>A master's level counselling degree includes:</p> <p>30 credit hours of training and education central to the practice of counselling therapy.</p> <p>One course in each of the following areas: Counselling Theory, Counselling Practicum, Counselling Skills, and Ethics.</p> <p>Five courses from the following course list: Assessment, Career Development/Counselling, Group Counselling, Crisis Counselling, Family and Marriage Counselling, Culture and Diversity Considerations, Gender Issues, Intervention Strategies, Research and Evaluation, Human Development Across the Lifespan</p>	<p>None</p>	<p>*2000 hours of counselling work (min. of 800 direct client contact hours);</p> <p>*50 hours of clinical supervision (individual, dyadic or group)-hours in excess may not be counted</p> <p>*Supervision must be</p>

		<p>Counselling Practicum requirements:</p> <p>Involves professional development and supervised practice in a counselling context. Students are expected to achieve a minimum of 150 hours in direct work with clients (individual, family and/or group counselling) under the supervision of a qualified professional. At the discretion of the Board, applicants missing counselling practicum hours upon application to CCTNB may make up these hours through clinical supervision. Applicants who obtained their counselling education program 10 or more years prior to their application are not needed to meet counselling practicum requirements.</p> <p>All sections of the admission application must be filled out completely and all requirements for admission must be met to the satisfaction of the Board.</p> <p>Other requirements:</p> <p>*Proof of liability insurance for 2 million dollars.</p> <p>*Listing of employment involving counselling work</p> <p>*Evidence of Good Standing-Legal and Professional Issues-Please see below</p> <p style="padding-left: 40px;">*Criminal Record with Vulnerable Sector Screening (employed applicants) * Enhanced Police Information Check (unemployed applicants)</p> <p>*Two professional references who hold a Master's Degree or higher in Counselling, Psychology, Social Work, or a related field, and who can evaluate the applicant's counselling skills within the last five years, or acceptable alternatives when an applicant cannot supply two professional references through no fault of their own. One of the professional references should be the on-site practicum supervisor, if practical.</p>	<p>completed within 2-5 years of entry into College</p> <p>Titles</p> <p>*Licensed Counselling Therapist-Candidate</p> <p>*LCT-Candidate</p> <p>*LCT-C</p>
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(b) Non-Licensed Members

<p>Student</p>	<p>*Must have a letter from their university saying that they are enrolled in a counselling education program</p>
<p>Inactive</p>	<p>*Inactive members are members who are not practicing during the inactive period for such reasons as parental leave, sick/disability leave, and educational leaves related to counselling, for a period of 6 months up to 1 year. Extension requests of inactive status will be examined on a case-by case basis.</p> <p>*May not engage in direct-client contact and may not supervise direct-client contact</p> <p>*May serve on Committees, but not the Board of Directors, Complaints or Discipline Committees</p>
<p>Retired</p>	<p>* Former active LCTs who have retired from the profession and are no longer practicing counselling therapy</p>

	*May use the title LCT (retired)
Associate	* Shall be those persons other than active, student, temporary, inactive, honorary, or retired members, who support the aims of the College and wish to take part in the promotion of the profession, whose application for Associate Membership has been approved by the Board and has paid all prescribed fees
Temporary	* out-of-province licensed counselling therapist on temporary assignment or graduates completing a supervised program for a maximum of 6 months
Honorary	* as appointed by the board of directors.

(c) Fee Structure – January 1, 2023

Membership Category	Annual Fee
Registered members	\$460.00
Inactive members	\$230.00
Retired members Student members	\$75.00
Temporary registered members	\$460.00 Pro-rated
Honorary members	No Fee
Associate members	\$150.00
Registration Application Fee	\$125.00
Inter-Provincial Transfer Fee	\$100.00
Professional Corporation Fee	\$460.00

Section 2.04 Other

- (i) Licensed members will have to take an Ethics course appointed by the College every 3 years. The College will make this course available to its members.
- (ii) **IMPORTANT:** All Experienced Practitioner and Regular applicants will spend a period of time as Candidates while completing supervision requirements.
- (iii) An LCT-Candidate may not begin their Candidacy or supervision hours until they have

been approved as a member and their Supervisory Agreement is approved by the College.

- (iv) Students: Individuals who are within 30 days of the completion of their education and training program can apply for membership as an LCT-C but will not be given final acceptance until they have officially graduated with their diploma.*
- (v) Interprovincial Transfers from other legislated provinces (Ontario, Quebec, and Nova Scotia) may transfer in as Licensed Counselling Therapists or Licensed Counselling Therapist-Candidates, providing they hold a comparable designation in their original legislated province and will be living and working in New Brunswick.*
- (vi) Dual Memberships: Applicants may keep their membership in other regulated provinces.*
- (vii) All applicants must provide Evidence of Good Standing and disclose any Legal and/or Professional Issues. That is, applicants must disclose any previous findings against themselves, or any current or pending proceedings against them that would call into question their suitability to practice the profession safely and professionally. The applicant must, both at the time of first application and throughout the registration process, immediately after the event, provide the College with details in writing relating to the following:*
 - a) Any finding of guilt for an offence that resulted in a fine of over \$1000 or any form of custodial sentence or any finding of guilt for a criminal offence,*
 - b) Any finding of professional misconduct, incompetency or incapacity, or any similar finding by any regulatory body or any professional association,*
 - c) Any current proceeding for professional misconduct, incompetency or incapacity, or any similar proceeding before any regulatory body or any professional association,*
 - d) Any finding of professional negligence or malpractice made against the applicant,*
 - e) Any refusal by any regulatory body or professional association to register or license the applicant,*
 - f) Whether the applicant is and has been in good standing, fulfilling all requirements with any regulatory body or professional association with which he or she has been registered, at the time when the applicant ceased being registered with that regulatory body or professional association, and*
 - g) Any other event that would provide reasonable grounds for the belief that the applicant will not practice safely and profession.*

Article III. PART 2 – GENERAL SUPERVISION REQUIREMENTS

Clinical Supervision is a critical part of the CCTNB framework. It serves to improve professional practice, offers a sounding board for discussion, ensures ethical guidelines are being followed and results in strong collaborative relationships that strengthen our College.

Section 3.01 Definitions

(a) Clinical Supervision

A contractual relationship in which a clinical supervisor engages with a supervisee to discuss the direction of therapy and the therapeutic relationship; promotes the professional growth of the supervisee; enhances the supervisee's safe and effective use of self in the therapeutic relationship; and engages with the supervisee to safeguard the welfare of the client.

(i) *Clinical supervision may be in an individual, dyadic or group format, defined as follows:*

Individual: one clinical supervisor to one supervisee

Dyadic: one clinical supervisor to two supervisees

Group: one clinical supervisor to no more than six supervisees.

(ii) *Clinical Supervision Goals*

The goals of Clinical Supervision are to:

- 1) safeguard the well-being of the client
- 2) promote the professional growth of the supervisee
- 3) discuss the direction of therapy
- 4) discuss counselling scenarios in a manner that is supportive and constructive
- 5) improve skills and knowledge in delivering clinical services
- 6) advance the ability of the supervisee to provide value to clients
- 7) stay oriented to best practice standards

(b) Clinical Supervisor

A clinical supervisor is a fully licensed practitioner in good standing of a regulatory college whose members practice counselling therapy or psychotherapy and who supervises all aspects of their Licensed Counselling Therapist-Candidate's professional practice. The clinical supervisor has five years' extensive clinical experience and has completed directed learning in providing clinical supervision. Directed learning can include course

work, supervised practice as a clinical supervisor, individual/peer/group learning, and independent study with structured readings. Clinical supervisors must be approved by CCTNB.

(c) **Counselling Hours**

Counselling Hours include a broad range of professional activities related to the practice of direct-client contact and indirect counselling therapy such as:

- i) Direct client work (face-to-face, video, audio, or other forms of counselling)*
- ii) Recordkeeping, note-keeping, and preparation in relation to direct client work*
- iii) Referral, intake, assessment, planning*
- iv) Professional development in counselling therapy*
- v) Engaging in clinical supervision as a supervisee*
- vi) Conducting research or writing in the field of counselling therapy*
- vii) Supervising/teaching/managing/consulting*
- viii) Other professional activities that impact the practice of counselling therapy.*

a. **Direct Client Contact (DCC)**

Direct client contact is any activity in which the client and the therapist are directly and formally engaged in the counselling therapy process. The client may be an individual, couple, family, or group. Also included in direct client contact are:

- i. Face-to-face, telephone, video, email*
- ii. Interviewing, administering a test or conducting a formal assessment as part of a clinical interaction with the client*
- iii. facilitating or actively co-facilitating therapeutic sessions.*
- iv. a standard 50-minute session qualifies as one hour of Direct-Client Contact*
- v. Not more than 20% of DCC counselling hours may be obtained through volunteer counselling at a registered/licensed counselling agency. Proof of hours must be shown to clinical supervisor. Other proof may be required.*

b. **Indirect Client Contact**

The following are not considered direct client contact but may be considered Indirect Counselling Hours:

- i. observing therapy without actively participating or providing follow-up to the client immediately after the observed session*
- ii. recordkeeping and administrative activities, including report writing, case notes, etc.*
- iii. conducting a psychometric assessment that primarily involve administering, scoring, and report-writing with little or no clinical interaction with the client*
- iv. providing or receiving clinical or other forms of supervision*
- v. consultation with other professionals; treatment plan development*
- vi. providing clinical and other training related to counselling therapy*
- vii. case management*
- viii. staff meetings*
- ix. other related trainings and seminars*

(d) **Experienced Practitioner**

The Experienced Practitioner route is a route to licensure available for established practitioners who have 2000 hours of counselling work experience with 800 of those being direct client contact, within the 5 years prior to submission of application form. After admittance into the College, the Experienced Practitioner will complete 500 hours of counselling work experience including 200 hours of Direct Client Contact under 25 hours of Clinical Supervision in no less than 1 and no more than 3 years.

(e) **Full time counselling work experience**

Full time counselling work experience is defined as a minimum of 15 direct client hours per week on an individual or group basis where therapeutic individual counselling direct client hours are counted by the length of the sessions and therapeutic group counselling direct client hours are counted by the length of the therapeutic group counselling session.

(f) **Licensed Counselling Therapist**

A Licensed Counselling Therapist is a member who is fully licensed to practice Counselling Therapy without supervision. Licensed Counselling Therapist - Candidate is a member who is licensed to practice Counselling Therapy under Supervision by a CCTNB approved Clinical Supervisor while completing requirements.

(g) Licensed Counselling Therapist - Candidate

A Licensed Counselling Therapist – Candidate is a member who is licensed to practice Counselling Therapy under Supervision by a CCTNB approved Clinical Supervisor while completing requirements.

(h) Regular Practitioner

The Regular Practitioner route is a route to licensure available for practitioners in New Brunswick who have less than 2000 hours of counselling work experience with 800 of those being direct client contact, within the 3 years prior to submission of application form. After admittance into the College, the Regular Practitioner will complete 2000 hours of counselling work experience including 800 hours of Direct Client Contact under 50 hours of Clinical Supervision in no less than 2 and no more than 5 years.

Section 3.02 Rationale

The CCTNB Supervision Rules are designed to offer guidance to the supervision process, foster best practices in counselling therapy and clinical supervision, and promote fidelity to the CCPA Code of Ethics and Standards of Practice. Supervision should reflect the following:

- (i) *The primary goals of the clinical supervisor are to protect the welfare of the supervisee's clients in all supervision and counselling sessions, procedures, evaluations, etc. and to develop the supervisee's competence in counselling therapy.*
- (ii) *Supervisors attend to a wide range of foundational competencies associated with the practice of counselling therapy.*
- (iii) *Clinical supervisors and candidates practice in a manner congruent with the CCPA Code of Ethics and CCPA Standards of Practice.*
- (iv) *Supervision is consistent with ethical practice; hence it is expected that written summaries will be prepared after each supervision session. These records do not need to accompany the supervision reports; however, the supervisor is to store the session summaries securely for a period of seven years subsequent to the last supervision session.*
- (v) *Although supervision is undertaken post-completion of a graduate degree, CCTNB recognizes that hierarchical evaluative, and gatekeeping elements are inherent to supervision relationships and process. While supervisors are encouraged to espouse collaborative and empowering approaches - which may include inviting supervisees to maintain their own supervision session summaries and/or journals, the preparation and*

safeguarding of appropriate, adequate, and accurate clinical; supervision records are the responsibilities of supervisors.

- (vi) CCTNB and its clinical supervisors are attuned to issues of policy as well as substantive and procedural due process as they apply to clinical supervision required for the LCT designation.*
- (vii) Supervision Reports are submitted according to a prescribed timeline that informs the Clinical Supervision Reporting Subcommittee in a timely manner of any concerns about a supervisee's performance and progress.*
- (viii) Remedial components are built into the supervision process in the event that an LCT-C/LCT is found to be struggling in one or more competency areas. Development of a Remediation Plan to address competencies requiring additional attention is an ethical imperative and required by CCTNB.*

Section 3.03 General Rules

- (i) 50% of supervision hours will be face-to-face in person with one video, audio, role-play or in-person evaluation of a counselling session per Supervision Report*
- (ii) Supervision sessions may be reduced to 25% face-to-face if there are at least two video, audio, role-play, or in-person observation evaluations listed on every Supervision Report.*
- (iii) Application to be exempted from either of the above must be with good cause and must be submitted to the Supervision Committee as soon as the situation becomes evident. Exemption will be determined by the Supervision Committee.*
- (iv) Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.*
- (v) If there are any #1 ratings on Report 2, a remediation plan will be developed to address lagging skills.*
- (vi) The completion time may not be closer than the stated requirement. Likewise, If more time is needed to complete supervision, application must be made to the CCTNB Supervision Committee by the supervisor and supervisee stating reasons why additional supervision length is being requested. Allowance will only be given for reason such as illness, maternity, financial difficulties, etc.*

Section 3.04 CCTNB Clinical Supervisors

- (i) Must be a LCT with CCTNB or a full member of the College of Psychologists of NB or the NB Association of Social Workers with at least 5 years of counselling experience, 3 of which must have been gained in the 5 years preceding their application to become a*

Supervisor. The Supervision Committee may choose to accept supervisors outside of these 3 Colleges.

- (ii) To apply to be a CCTNB Clinical Supervisor, Experienced and Regular Practitioners must have at least 5 years of total fulltime counselling work experience and if supervision has been completed, 2 years of the 5 years must have been gained since Supervision ended. Full time counselling work experience is a minimum of 15 hours of Direct Client Contact hours per week. Applicants must also submit a Supervisor application form, a Resume documenting said hours and proof of liability insurance in the amount of 2 million dollars.*
- (iii) Must take supervision training acceptable to and as directed by the Supervision Committee.*
- (iv) May not be a current or former family member of their Supervisees.*
- (v) May not be in any kind of administrative relationship to the Supervisee i.e., their position involves evaluating job performance, assessing case management, assigning cases, etc.*
- (vi) May not be the on-site or practicum supervisor from applicant's/member's Master's practicum placement.*
- (vii) Must adhere to all CCTNB Supervision Rules and directives from the CCTNB Supervision Committee.*
- (viii) Must keep copies of all Supervision Reports for at least 5 years.*

Section 3.05 Supervision Application and Agreement

CCTNB Supervision Agreement must be completed during the application process and sent to the CCTNB Supervision Committee once the applicant attains membership status.

Section 3.06 Supervision Plan

- (i) At the first supervision session, a supervision plan will be reviewed by the Supervisor and Supervisee. The Supervision Plan will outline the beginning and end dates, frequency and duration of sessions, individual and joint responsibilities, fee structure, emergency protocols, criteria for evaluation, etc.*
- (ii) The Supervision Plan will be constructed to best meet the needs of the caseload and to ensure that the supervisor is able to be knowledgeable about supervisee's entire caseload. A busy caseload may require more frequent supervision sessions.*

Section 3.07 Supervision Sessions

- (i) 50% of hours will be face-to-face in person with one video, audio or in-person evaluation of a counselling session per Supervision Report OR 25% of hours will be face-to-face with*

two video, audio or in-person evaluations of counselling sessions per Supervision Report. The Board may decide otherwise when conditions prohibit or inhibit the following of this rule.

- (ii) *Experienced Practitioner will complete 500 counselling hours with 200 Direct Client Contact hours under 25 hours of supervision in no less than 1 year and no more than 3 years.*
- (iii) *Regular Practitioners will complete 2000 counselling work hours with 800 Direct Client Contact hours under 50 hours of supervision in no less than 2 years and no more than 5 years.*
- (iv) *Our goal of integration of knowledge, discussion, new information, etc. into practice requires trial and time, therefore supervision sessions are to be no longer than 2 hours in length and must be spaced at least 2 weeks apart. Sessions that do not fall within these guidelines could be disallowed.*
- (v) *In the interest of best practice, with primacy accorded to client welfare, clinical supervision sessions are to be held at least once every two-five weeks during the supervision period unless there are extenuating circumstances applied for and approved by the Supervision Committee.*
- (vi) *Supervision sessions will continue on an ongoing basis until the LCT/LCT-C has been successful, even beyond the hours required, if necessary. Success is measured by an absence of 1's in the Competency area on the Supervision Report and a recommendation from the Supervisor.*
- (vii) *Not more than 40% of supervision may be done in a group format.*
- (viii) *Supervisors must be familiar with the Counselling Therapy Act, our Bylaws and Supervision Rules.*
- (ix) *Supervisors will require that Supervisees have read the New Brunswick Counselling Therapy Act and CCTNB Bylaws before the first Supervision session.*
- (x) *Supervision session content around Counselling Ethics will comprise at least 10% of every supervision session. This content may consist of discussion, case review, client review, discussion about our Code of Ethics, Standards of Practice, etc.*

Section 3.08 Evaluation

Multiple methods of evaluation i.e., video, audio, self-report, observation, etc. allow for the most comprehensive supervision experience and evaluation. Depending only on self-report allows an understanding of what is happening from the supervisee's perspective

but does not allow for observations that can be made through direct observation, video or audio, role play or presentation, case conceptualization, etc.

Section 3.09 Supervision of LCT-Cs working with agencies, EAP clients

- (i) *LCT-Cs may work for an employer, but they are professionally liable for each of their clients. Although an employer may be implicated, an ethics complaint etc. is filed against the counsellor, and therefore the supervisor as they are vicariously liable. The Supervisees and their clients give permission for supervision to occur, in the same way that occurs in an agency setting, etc.*
- (ii) *Supervisees are required to advise their employer and clients that they are under supervision.*
- (iii) *Any service agreement should be constructed in a way that allows supervisors to be part of the “consent bubble” so supervisees may share details of cases with their supervisor. Supervisors must ensure that their name and contact is in the Service Agreement. This may mean that the supervisees require an addendum to the Service Agreement which adds the Supervisor.*
- (iv) *If needed by the agency, Employee Assistance Program or employer, the college can provide a Supervisor with a letter stating that they are an approved supervisor and outlining the requirements of supervision.*

Section 3.10 Supervisor requirement to obtain information

Since the Supervisor may be held vicariously liable for the entirety of the supervisee's client load, they must ensure that they have access to all the information needed to adequately supervise. This includes consent forms, sharing of the fact that the supervisee is being supervised along with the supervisor's name and contact information, etc.

Section 3.11 Consent for recording or viewing a counselling session

- (i) *Supervisees must obtain a signed consent form every time they view, video or audio record a counselling session.*
- (ii) *The supervisee and supervisor must create both a consent and recording form that is specific to their context.*

Section 3.12 Supervision Report

(a) Reporting Schedule

Supervision Reports are to be completed and submitted by mail to
CCTNB: Attention Supervision Committee according to the following schedule:

Membership status	Minimum required counselling hours	Minimum required Direct Client Contact Hrs.	Required # Hours of Supervision	Report to be completed at:	Min./Max. # of years for completion of candidacy
Regular Practitioner (LCT-C)	2000	800	50	@ 10 hours @ 20 hours @ 35 hours @ 50 hours (completion)	2 minimum/ 5 maximum
Experienced Practitioner (LCT-C)	500	200	25	@ 10 hours @ 15 hours @ 25 hours (completion)	1 minimum/ 3 maximum
LCT's doing Continuing Education Credits (CEC's)	500	200	25	@ 10 hours @ 15 hours @ 25 hours (completion)	Deadline for completion September 30, 2023

(b) Report Content

Supervisee and supervisor identification/contact information: This information must be completely filled in on every Supervision Report.

- (i) *Dates, duration, and format of supervision sessions since the last report: In the interest of accuracy, the clinical supervisor is encouraged to enter these details immediately following each supervision session. Supervision sessions must be spaced at least 2 and no longer than 5 weeks apart and must be no longer than 2 hours in length.*
- (ii) *Supervision content and process: It is recommended these be recorded immediately after each supervision session indicating which topics were covered and which supervision methods were implemented. Every Supervision Report must contain at least one audio-taped, video-taped, or live observation within the total sessions listed on that Report.*
- (iii) *Supervision Topics and Methods: All Supervision topics will be evaluated by the*

termination of Supervision.

- (iv) *Competency evaluation: Competency ratings and comments will be entered at the end of every reporting period. A comment will be made for 50% of the ratings. If the Clinical Supervisor is not able to assess and evaluate certain competencies and/or the competencies are not applicable to the current professional practice, then N/A is recorded. Clinical supervisors are required to evaluate all competencies by the termination of supervision except Practice Area Competencies which will be evaluated according to the specific practice of the Supervisee.*
- (v) *Total hours accrued to date: Current tallies of hours accrued under the supervision agreement will be entered at the end of the reporting period and will include totals in three categories: (a) hours to date in the counselling setting including direct and indirect hours, (b) direct client contact hours in that setting, and (c) supervision hours.*
- (vi) *Competency summary: A summary of the therapist's overall performance and progress is entered only on the final Supervision Report.*
- (vii) *Attestation: The signatures of the supervisee and clinical supervisor on every Supervision Report confirm that the content of the report has been fully reviewed, discussed, and understood.*
- (viii) *Final report recommendation: When submitting the final supervision report, supervisors will be asked to indicate whether they do or do not recommend an LCT-C/LCT for approval or continued approval as a Licensed Counselling Therapist.*

Section 3.13 Competencies Requiring Extra Attention

- (i) *It is acceptable for an LCT/LCT-C to receive one or more ratings of 1 (i.e., moving toward expectations for competent independent practice) on the first Supervision Report. If, however, one or more ratings of 1 will be assigned in the second Supervision Report, then the LCT/LCT-C will require additional, targeted support or remediation.*
- (ii) *Should there be 1's on the second Supervision Report, the clinical supervisor will contact the CCTNB Supervision Committee to consult about the need for intensified support of the LCT/LCT-C no later than immediately after the second Supervision Report.*

Section 3.14 Remediation Plan

- (i) *A written remediation plan attending to the competency growth areas that received a 1 on the second Supervision Report will be developed, reviewed, and discussed, and signed by both supervisee and supervisor.*
- (ii) *The plan should specify how the competency growth areas (competencies that received a 1 on the second Supervision Report) will be addressed, including actions to be*

undertaken, timeline for completion, minimum required outcomes, and process for monitoring, feedback, and reporting.

- (iii) If a Remediation Plan is warranted, it must begin to be implemented at the next Supervision session after the second Supervision Report to allow reasonable opportunity for the LCT/LCT-C to benefit from focused intervention.*

Section 3.15 Terminating supervision-for reasons other than the ordinary completion of supervision requirements:

- (i) If consultation between the supervisee and/or supervisor and/or the CCTNB Supervision Committee leads to the determination that the supervision relationship will not be continuing or if Supervision is suspended for any reason, the supervisor will submit a Supervision Report as of the last supervision session that has been signed by the Supervisor and the Supervisee.*
- (ii) If applicable, this Supervision Report will be sent to the new Supervisor.*

Section 3.16 Missing Practicum Hours upon application to CCTNB - at the discretion of the Board:

- (i) The missing hours be made up by further direct client contact hours in a 1:1 ratio*
- (ii) For every 5 practicum hours missing, member is required to undergo one additional hour of supervision*
- (iii) Supervision Reports for these members will also have the following schedule: at 2 hours, at 5 hours, at 10 hours, 20 hours, 35 hours, and 50 hours.*
- (iv) During the first three months, supervision must occur every 2 weeks until the missing hours are completed. From then on, supervision will occur at a minimum of 2 weeks apart.*
- (v) A reference letter indicating the developmental level and competencies gained by the graduate during their practicum will be required from their practicum supervisor.*

Article IV. LIST OF REVISIONS TO THE RULES OF THE
COLLEGE OF LICENSED COUNSELLING THERAPISTS OF NEW BRUNSWICK

Date of Publication

<i>Initial Date of Publication</i>	<i>Numbers of initial rules</i>
<i>February 23, 2023</i>	<i>309663 v1</i>

Date of Revision

<i>Date of Revision</i>	<i>Numbers of revised rules</i>
<i>May 19, 2023</i>	<i>309663 v2</i>

Appendix A. Forms

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:	<input type="checkbox"/> English
	<input type="checkbox"/> French

CCTNB Website Listing:	<input type="checkbox"/> I wish to have my name listed on the CCTNB Website
	<input type="checkbox"/> I do not wish to have my name listed on CCTNB Website

English/French Proficiency:	<input type="checkbox"/> All courses taken by me in my counselling education program were in English or French
	<input type="checkbox"/> 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:

[Empty box for description of counselling responsibilities]

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

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: _____

Interprovincial Transfer Application

Application for transfer of license to New Brunswick under the Canadian Free Trade Agreement (CFTA) (Chapter 7) from another Canadian provincial or territorial regulatory body possessing government-mandated licensing powers in that province/territory.

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.

Applicant

Applicant's Name:		Daytime Phone:
Email address:		Alternate (cell) Phone:
Current Licensing Body:	Address of Licensing Body: Province: Postal Code:	Telephone of Licensing Body:
Website of licensing Body:		Title on license:
Registration Number:	Date of issue:	Expiry Date:

Application Fee

Application must be accompanied by the non-refundable application fee of \$100 in cheque by mail or e-transfer to info@cctnb.ca.

(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.

Required Documentation

1	Masters Level University Transcript used to obtain licensure elsewhere in Canada (used for statistical purposes only – not to evaluate application)	<input type="checkbox"/>
2	Current Resume or Curriculum Vitae (used for statistical purposes only – not to evaluate application)	<input type="checkbox"/>
3	Copy of Current Provincial / Territorial license used in submitting this application	<input type="checkbox"/>
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.	<input type="checkbox"/>
5	Criminal Record with Vulnerable Sector Check or Enhanced Police Check	<input type="checkbox"/>
6	Evidence of Professional Liability Insurance policy coverage of \$2,000,000 minimum.	<input type="checkbox"/>

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.	<input type="checkbox"/>
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Declaration

I _____, declare that:

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).

I certify that all 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 Licensure 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 *

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 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, or an Enhanced Police Check conducted within the last 12 months.

****As per Section 13.01 of the CCTNB By-Laws, the Code of Ethics and Standards of Practice adopted by CCTNB are the CCPA Code of Ethics and Standards of Practice.***

Signature: _____ Date: _____

Non-Licensing Membership Application – Student, Associate, Inactive or Retiree

Application Route: Student Associate Inactive or Retiree

Applicant

Full Name: _____

Address: _____

Phone: _____ Email: _____

Phone 2: _____ Website: _____

Language Preference: English French

Post-Secondary Education

Students must submit proof of enrollment.

Highest Degree

Degree & Major: _____

University/Institution : _____ Month/Year of Graduation: _____

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 student, associate, inactive, or retiree. 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. 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: _____

Signature: _____ Date: _____

Membership Renewal

All members must complete and return this form with their dues, to have their license renewed.

CCTNB dues for 2022-23 are as listed below:
LCT and LCT-C: \$460.00
Associate/Retired & Student: \$75.00

Please note: Dues are to be paid by May 1, 2023. Dues not received by May 31, 2023, are subject to a \$25.00 late fee. Dues not received by June 15, 2023, are subject to an additional fee of \$5.00 per day until July 15, 2023.

Membership is suspended if dues and additional fees are not paid by July 15, 2023.

Payment options:

Mail form and cheque to CCTNB, 205-236 rue St. Georges Street, Moncton, NB E1C 1W1

Email form to info@cctnb.ca and auto-deposit e-transfer to dues.cotisation@cctnb.ca

Member Information

Full Name: _____ LCT/-C #: _____

Home Address: _____ Is this a new address? _____

Member Phone: _____ Member Email: _____

Employer Address: _____

Workplace: Private Practice School Counsellor University _____
Other: _____

Professional Conduct Statement

I, _____, from _____
The Undersigned (Print) *City/Town, Province (Print)*

hereby declare that since my last membership renewal with the college:

_____ been found guilty of professional misconduct, incompetence, incapacity, a criminal offence, or had my liability insurance revoked, in the practice of counselling therapy.

I have / have not

If I indicated I have been found guilty, I have included details here.

Declaration

I certify that all of the information included in this form is correct and accurate in all details in consideration of which I wish to renew my license as a Licensed Counselling Therapist (LCT) or Licensed Counselling Therapist – Candidate (LCT-C).

Applicant Signature: _____ Date: _____

Checklist for Regular and Experienced Practitioners Applicants

Name: _____

Regular Applicant

Experienced Practitioner Applicant

Initial Review	Requirements – Use the checklist below to ensure that you have reviewed all pertinent documents.	Final Review
	1. APPLICATION:	
	2. GRADUATE COURSE DESCRIPTION FORM: And Official Transcript showing the following: One course in each of the following areas: Counselling Theories, Counselling Practicum, Counselling Skills, and Ethics. Five courses identified on transcript from the following course list: Assessment, Counselling in Specialized Settings, Counselling Intervention Strategies, Couple and Family Counselling, Diversity Considerations, Gender Issues, Human Development and Learning, Lifestyle and Career Development, Psychological Education, Research and Evaluation	
	C. GRADUATE DEGREES OBTAINED IN CANADA FORM or (OUTSIDE CANADA FORM) ** if outside of Canada WES Report if Required.	
	D. MASTER’S PRACTICUM SETTINGS AND LOCATIONS: Practicum Description FORM signed by an official, supervising professor or representative of the university (If practicum is 10 years old, practicum form is not needed)	
	E. PROFESSIONAL REFERENCES FORMS: Two Professional References	
	F. SUPERVISION: Supervision Agreement Form and/or Supervisor Application (if applicable)	
	G. PROFESSIONAL CREDENTIALS AND MEMBERSHIPS (if applicable)	
	H. PROFESSIONAL COUNSELLING EXPERIENCE – RESUME: - Regular applicant (no prior counselling experience) - Experienced Practitioner (minimum of 2,000 counselling work experience, 800 of which are direct client contact hours, detailed by indirect and direct hours, brief description of role)	
	I. PROFESSIONAL LIABILITY INSURANCE - Copy of certificate showing minimum of \$2 million (Proof needed annually), or - Insured by Employer Confirmation Form	
	K. CRIMINAL RECORD WITH VULNERABLE SECTOR CHECK by local police (Employers of LCTs could request vulnerable sector checks but the College and members themselves cannot make the request) OR ENHANCED CRIMINAL RECORD CHECK/POLICE INFORMATION CHECK (In the alternative, applicants can request this check on their own behalf for the purposes of licensure with the College).	
	M. APPLICATION FEE – College dues must be paid upon acceptance to College and may be pro-rated by the College. Received Date:	

Notes:

Initial Review: _____ Date: _____

Reviewer: _____ Date Accepted: _____

Reviewer: _____

Checklist for Interprovincial and/or Dual Memberships Applicants

Name: _____

Interprovincial Transfer Applicant Dual Membership Applicant

Initial Review	Requirements – Use the checklist below to ensure that you have reviewed all pertinent documents.	Final Review
	A. APPLICATION: Date Submitted:	
	B. POST-GRADUATE EDUCATION: Official Transcript used to obtain licensure elsewhere in Canada (used for statistical purposes only – not to evaluate application).	
	C. CURRENT PROVINCIAL/TERRITORIAL LICENCE (Used for statistical purposes only)	
	D. ORIGINAL LETTERS FROM EACH REGISTERING BODY (with whom the applicant is registered, to attest to applicant’s good standing with that College).	
	E. PROFESSIONAL REFERENCES Forms: Two, each from a clinical supervisor or colleague in a non-compliant relationship to the applicant, attesting to the applicant’s good character.	
	F. PROFESSIONAL CREDENTIALS AND MEMBERSHIPS (if applicable)	
	G. PROFESSIONAL LIABILITY INSURANCE - Copy of certificate, minimum of \$2 million (Proof needed annually), or - Insured by Employer Confirmation Form	
	H. CRIMINAL RECORD WITH VULNERABLE SECTOR CHECK by local police (Employers of LCTs could request vulnerable sector checks but the College and members themselves cannot make the request) OR ENHANCED CRIMINAL RECORD CHECK/POLICE INFORMATION CHECK (In the alternative, applicants can request this check on their own behalf for the purposes of licensure with the College).	
	I. APPLICATION FEE – College dues must be paid upon acceptance to College and may be pro-rated by the College. Received Date:	

Notes:

Initial Review: _____ Date: _____

Reviewer: _____ Date Accepted: _____

Reviewer: _____

Graduate Course Description

To help the Registrar/Registration Committee determine if applicants meet the minimum graduate course requirements for LCT-C licensure in New Brunswick, applicants are asked to complete and submit the following table as part of their application.

APPLICANT NAME	
UNIVERSITY, PROGRAM, YEAR Website:	

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 below:

COMPULSORY COURSES – FOUR (4) COURSES	COURSE NAME & #	COURSE DESCRIPTION	Office Use
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<p>Counselling Theories COUNSELLING THEORIES PROVIDE A CONSISTENT FRAMEWORK TO CONCEPTUALIZE CLIENT ISSUES AND TO IDENTIFY AND SELECT APPROPRIATE COUNSELLING INTERVENTIONS. AN ELIGIBLE COURSE INCLUDES ACADEMIC AND PROFESSIONAL LITERATURE RELATED TO THE FOUNDATIONS OF HUMAN DEVELOPMENT; COGNITIVE, AFFECTIVE AND BEHAVIOURAL COMPONENTS OF HUMAN EXPERIENCE; RESEARCH EVIDENCE FOR INTERVENTION EFFECTIVENESS; AND APPLICATIONS TO PRACTICE. A COURSE IN COUNSELLING THEORIES COVERS APPROACHES THAT FALL INTO ONE OR MORE OF THE FOLLOWING BROAD THERAPEUTIC ORIENTATIONS: PSYCHODYNAMIC, COGNITIVE/BEHAVIOURAL SYSTEMIC/INTERPERSONAL, AND HUMANISTIC. COUNSELLING THEORIES, ADDITIONAL GUIDELINES: - A COURSE IN COUNSELLING THEORIES MUST DEVELOP AN UNDERSTANDING OF SOME OF THE FOUNDATIONAL THEORIES IN COUNSELLING/PSYCHOTHERAPY. - THERE MUST BE A BREADTH AND DEPTH OF STUDY. THE COURSE MUST COVER VARIOUS APPROACHES WITHIN AT LEAST ONE OF THE FOLLOWING BROAD THEORETICAL ORIENTATIONS: PSYCHODYNAMIC, COGNITIVE/BEHAVIOURAL, SYSTEMIC/INTERPERSONAL, AND HUMANISTIC. IN COMPARISON, ONE VERY SPECIFIC APPROACH, STUDIED IN-DEPTH IS NOT ELIGIBLE. - WHILE THEORIES GUIDE INTERVENTIONS, A COURSE IN COUNSELLING THEORIES SHOULD BE DISTINGUISHED FROM A COURSE ON INTERVENTIONS (WHICH IS AN ELECTIVE COURSEWORK AREA). - THE COURSE CANNOT BE FOCUSED SOLELY ON THE PSYCHOLOGICAL COMPONENTS AND/OR ON THE APPLICATION OF THE THEORY REGARDING ONE SPECIFIC PRESENTING PROBLEM OR POPULATION. - COUNSELLING THEORIES COURSES ARE OFTEN MARKED BY A COURSE COMPONENT FOCUSED ON THE INTEGRATION OF VARIOUS THEORIES INTO A PERSONAL THEORETICAL STYLE AND/OR PERSONAL WAY OF CONCEPTUALIZING AND WORKING WITH CLIENTS.</p>			
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<p>Counselling and Communication Skills COUNSELLING AND COMMUNICATION SKILLS PROVIDES AN UNDERSTANDING OF ESSENTIAL INTERVIEWING AND COUNSELLING SKILLS NEEDED TO ESTABLISH AN EFFECTIVE COUNSELLING RELATIONSHIP AND TO DEVELOP AND MAINTAIN APPROPRIATE PROFESSIONAL BOUNDARIES. THESE INVOLVEMENTS ALSO REQUIRE A MEASURE OF STUDENT REFLECTION AND SELF-EXPLORATION. COUNSELLING AND COMMUNICATION SKILLS, ADDITIONAL GUIDELINES: - THE COURSE NEEDS TO BE PART OF A GRADUATE DEGREE COUNSELLING PROGRAM AND TAUGHT BY A PROFESSOR WITH A BACKGROUND IN COUNSELLING. - THE COURSE TEXTBOOK, REQUIRED READINGS, AND COURSE ACTIVITIES SHOULD BE FOCUSED PRIMARILY ON THE DEVELOPMENT OF INTERPERSONAL AND COMMUNICATION SKILLS THAT ARE FUNDAMENTAL TO EFFECTIVE COUNSELLING PRACTICE.</p>			
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- THE SYLLABUS SHOULD IDENTIFY THAT EACH DAY OF YOUR COURSE FOCUSED ON THE STUDY AND DEVELOPMENT OF A SPECIFIC COUNSELLING MICRO-SKILL.
 - THE COURSE SHOULD INCLUDE ACTIVITIES THAT ENGAGE STUDENTS IN THE LIVE PRACTICE OF COUNSELLING MICRO-SKILLS.
 - GRADED COURSE ASSIGNMENTS MUST INCLUDE THE EVALUATION OF COUNSELLING MICRO-SKILLS TAUGHT IN THE COURSE.
- NOTE: IF YOU GRADUATED PRIOR TO SEPTEMBER 2012, THIS COURSE IS NOT COMPULSORY. SOME COUNSELLING PROGRAMS OFFER A COUNSELLING AND COMMUNICATION SKILLS COURSE THAT IS COMBINED WITH EITHER A COUNSELLING PRACTICUM OR COUNSELLING THEORIES COURSE. THIS COMBINATION WILL BE ACCEPTABLE TOWARD LCT-C CERTIFICATION ONLY IF THE COURSE IS WORTH DOUBLE THE CREDITS AND INCLUDES COURSEWORK THAT IS EQUIVALENT TO A STANDALONE COURSE IN EACH COURSEWORK AREA.

<p>Professional Ethics PROFESSIONAL ETHICS (COMPULSORY): ETHICAL AND LEGAL ISSUES ARISING IN PROFESSIONAL COUNSELLING-RELATED RESEARCH, AND/OR ASSESSMENT SETTINGS. A STUDY OF ETHICAL CODES, ETHICAL DECISION-MAKING, ETHICS IN PROFESSIONAL RELATIONSHIPS, AND STANDARDS OF PRACTICE. SPECIFIC RESEARCH ETHICS COURSES THAT DO NOT INCLUDE ETHICS RELATED TO PROFESSIONAL COUNSELLING ARE NOT SUFFICIENT FOR THIS AREA. PROFESSIONAL ETHICS, NOTE: IF THE UNIVERSITY OFFERS A STAND-ALONE COURSE, THEN IT WOULD BE EXPECTED THAT THE STUDENT WOULD TAKE THIS COURSE. IF YOU GRADUATED PRIOR TO SEPTEMBER 2012, A COURSE IN PROFESSIONAL ETHICS WAS NOT COMPULSORY.</p>			
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<p>Supervised Counselling Practicum INVOLVES PROFESSIONAL DEVELOPMENT AND SUPERVISED PRACTICE IN A COUNSELLING CONTEXT. THE PRACTICUM COURSE PROFESSOR WILL BE RESPONSIBLE FOR ASSISTING THE DEVELOPMENT OF COUNSELLING SKILLS AND COMPETENCIES AND ASSIST THE STUDENT IN DEVELOPING INSIGHT AND REFLECTIVE PRACTICE NECESSARY FOR INDEPENDENT PRACTICE, THROUGH A COURSE SEMINAR COMPONENT. STUDENTS ARE EXPECTED TO BE INVOLVED IN DIRECT WORK WITH CLIENTS (INDIVIDUAL, FAMILY, AND/OR GROUP COUNSELLING) WITHIN CCPA'S DEFINITION AND SCOPE OF PRACTICE OF COUNSELLING/ PSYCHOTHERAPY. THE PRACTICUM PLACEMENT MUST BE COMPLETED UNDER THE SUPERVISION OF A QUALIFIED CLINICAL SUPERVISOR.</p>			
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NOTE: THIS COURSE IS NOT REQUIRED IF YOU GRADUATED 10 YEARS PRIOR TO APPLICATION.
 EFFECTIVE SEPTEMBER 1ST 2023, THE PRACTICUM COURSE WILL NEED TO INCLUDE A FORMAL EVALUATION OF THE STUDENT'S CLINICAL COMPETENCIES WITH INPUT FROM BOTH THE PRACTICUM COURSE PROFESSOR AND THE CLINICAL SUPERVISOR.

ELECTIVE COURSEWORK - FOUR (4) COURSES IDENTIFIED FROM THE LIST BELOW	COURSE NAME & #	COURSE DESCRIPTION	Office Use
<p>Please note that only up to two (2) courses will count toward each elective coursework area. If you graduated prior to September 2012 and you do not have the Counselling and Communication Skills and the Professional Ethics courses, six (7) graduate courses in the following areas are then required.</p>			

<p>Assessment A STUDY OF INDIVIDUAL AND GROUP ASSESSMENT AND TESTING, CASE STUDY APPROACHES, INDIVIDUAL DIFFERENCES, AND METHODS OF DATA COLLECTION AND INTERPRETATION.</p>			
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<p>Counselling in Specialized Settings A STUDY OF ISSUES, APPLIED THEORY, AND RELEVANT COUNSELLING APPROACHES PERTAINING TO A PARTICULAR SPECIAL CLIENT POPULATION OR SETTING, E.G. FAMILIES, REHABILITATION, SCHOOLS, DISABLED CLIENTS, ETC.</p>			
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<p>Counselling Intervention Strategies A STUDY OF ISSUES, APPLIED THEORY, AND RELEVANT COUNSELLING APPROACHES PERTAINING TO A PARTICULAR SPECIAL CLIENT POPULATION OR SETTING, E.G. FAMILIES, REHABILITATION, SCHOOLS, DISABLED CLIENTS, ETC.</p>			
<p>Couple and Family Counselling THE PHILOSOPHICAL AND HISTORICAL UNDERPINNINGS OF FAMILY THERAPY, EXAMINING CORE ASSUMPTIONS OF VARIOUS THEORETICAL FRAMEWORKS IN COUPLE AND/OR FAMILY THERAPY. ATTENTION IS GIVEN TO INTERVENTION AND PROFESSIONAL ISSUES WHEN WORKING WITH COUPLE AND/OR FAMILY SYSTEMS IN VARIOUS SETTINGS.</p>			
<p>Diversity Considerations AN EXAMINATION OF THEORETICAL AND PRACTICAL FACTORS THAT INFLUENCE THE NATURE AND EFFECTIVENESS OF COUNSELLING CLIENTS FROM DIVERSE BACKGROUNDS. ETHICS, COUNSELLING COMPETENCIES (CULTURE-SPECIFIC AND UNIVERSAL), MODELS OF RACIAL AND CULTURAL IDENTITY DEVELOPMENT, INFLUENCE OF SOCIAL, ECONOMIC, HISTORICAL, POLITICAL, AND CULTURAL CONTEXTS ON CLIENT PROBLEMS.</p>			
<p>Gender Issues THEORY, RESEARCH, AND PRACTICE IN THE AREAS OF SEX ROLE DEVELOPMENT, SEXUAL ORIENTATION, STEREOTYPING AND SOCIAL ROLES AND CORRESPONDING COUNSELLING THEORIES AND COUNSELLING APPROACHES.</p>			
<p>Group Counselling THEORIES RELATED TO GROUP COUNSELLING INCLUDING RESEARCH EVIDENCE TO SUPPORT EFFECTIVENESS OF VARIOUS GROUP APPROACHES. ATTENTION IS GIVEN TO METHODS OF FACILITATING INTERPERSONAL COMMUNICATION WITHIN GROUPS, SELECTION PROCESSES, GROUP DEVELOPMENT, MEMBER ROLES AND NEEDS, GROUP PROCESSES, AND ETHICAL AND LEGAL ISSUES RELATED TO GROUP COUNSELLING.</p>			
<p>Human Development and Learning HUMAN DEVELOPMENT AND LEARNING ACROSS THE LIFESPAN. LEARNING THEORIES OF HUMAN BEHAVIOUR, LIFE STAGES, TRANSITIONS, TYPICAL AND ATYPICAL HUMAN DEVELOPMENT, THEORIES OF PERSONALITY.</p>			
<p>Lifestyle and Career Development INVOLVES AN EXPLORATION OF CAREER DEVELOPMENT THEORIES WITH EMPHASIS ON ISSUES IN LIFE-CAREER DECISION-MAKING AND CAREER TRANSITIONS AND WORK-RELATED ISSUES.</p>			
<p>Psychological Education A STUDY OF TOPICS IN PSYCHOLOGY SUCH AS COMMUNITY MENTAL HEALTH, SOCIAL PSYCHOLOGY, NEUROLOGICAL BASIS OF LEARNING AND BEHAVIOUR, INDIVIDUAL DIFFERENCES, MOTIVATION ETC.</p>			
<p>Research and Evaluation UNDERSTANDING AND APPLYING RESEARCH INCLUDING QUANTITATIVE AND QUALITATIVE RESEARCH DESIGNS, APPLIED RESEARCH AND PROGRAM EVALUATION, STATISTICS.</p>			

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.	
Applicant's Name:	Daytime Phone:
Email address:	
Name of University:	University Address:
Graduate 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.	
<p>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:</p> <p>B.1 (a) The program is obtained from a government-authorized, degree granting institution in Canada.</p> <p>(i) The government, which has authorized the institution to grant degrees:</p> <p>_____</p> <p>(ii) Website link verifying the above:</p> <p>_____</p> <p>B.2 (b) The program is subject to the oversight of a recognized external academic authority recognized and approved by the Board:</p> <p>(i) Provide the name, postal address, and website link of the external academic authority:</p> <p>_____</p>	
SECTION C: All applicants must complete this section.	
<p>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.</p> <p>Signature: _____ Date: _____</p>	

Graduate Degrees Obtained Outside Canada

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

SECTION A: All applicants must complete this section.	
Applicant's Name:	Daytime Phone:
Email address:	
Name of University:	University Address:
Graduate Degree:	Year of Graduation: M/Y
SECTION B: Applicants with Masters and/or Ph. D degrees from the USA must complete this section.	
<p>B.1. 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>	
(iii) Regional Accreditation Body:	

(iv) Website link verifying the above:	

<p>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.</p>	
SECTION C: Applicants with Masters and/or Ph.D degrees obtained from outside Canada and the USA must complete this section.	
<p>C.1. 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 ICAP version of the report is required. WES Canada can be contacted through this website: www.wes.org or by phone at this toll-free number: 1-866-343-0070 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>	
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.	
Signature:	Date:
_____	_____

Practicum Description for Regular and Experienced Practitioner Applicants

Applicant Information

Name of Counselling Intern: _____

Address: _____

Name of agency/institution where practicum took place _____

Phone: _____ Email: _____

On-Site Supervisor Information

(This supervisor has primary responsibility for the student's work.)

Name of Supervisor	
Professional Title/Position	Institution
Academic Qualifications	Professional Memberships
Phone	Email

Practicum Information

Course Code and Title		
Name of Practicum Course Professor		Name of University
Dates of Practicum (mm/yy) - (mm/yy), distribution of hours per week		
Time Allotted for Supervision (hours/week):	Total Number of Hours of Direct Client Contact (minimum of 150 hours is required in this category):	Total Hours of Practicum:
Total _____	_____	_____
Direct (direct observation, video/audio taped sessions, co-counselling):	Characteristics of client population (age, milieu, typical presenting problems, etc.):	
hrs/wk. _____		
Indirect (case consultation, class meetings):		
hrs/wk. _____		

Summary of professional activities in which counselling intern participated (indicate proportion of hours/days, time devoted to each activity):

Type of supervision (provide a quick point description of actual activities completed – an additional page can be used if required):

Instruction

This form can be completed by the applicant, but it must be signed and forwarded to the CCTNB Registrar by the practicum professor/supervisor of the University where the training took place. If the professor is not available, the signature of the onsite supervisor is acceptable.

If you cannot locate either your practicum professor/coordinator or your practicum onsite supervisor, you will still need to complete this form, but you will also need, in lieu of your supervisor’s signature, a signed letter from the Head of the Counselling Faculty of the University from whence you graduated. This letter, provided on official university letterhead, must indicate that in your year of graduation, a student completing a practicum in Counselling at that university typically had a minimum of 150 hours of direct counselling contact with clients during his/her/their practicum.

Signature: _____ Date: _____
Applicant/Counselling Intern

Name (Printed): _____ Date: _____
Practicum Professor/Coordinator

Signature: _____

Or

Name (Printed): _____ Date: _____
On-site Supervisor’s Name and Title

Signature: _____

Professional Reference

Important note: To be completed only by persons who are familiar with applicant's counselling skills.

The person named below has applied to the College of Counselling Therapists of New Brunswick (CCTNB) to become a Licensed Counselling Therapist – Candidate. Your assessment of the applicant's characteristics will enable CCTNB to evaluate whether this applicant meets its standards. Please be advised that this form may be subject to any freedom of information legislation.

Applicant Information

Full Name: _____

Address: _____

Phone: _____ Email: _____

Referee Information

Full Name: _____ License #: _____

Profession: _____
Degree(s) Profession Name /Profession Title Years of Clinical Practice

Address: _____

Phone: _____ Email: _____

Attestation

How do you know the applicant? _____

Please indicate the time for which you can attest to this applicant's counselling skills.
 (This must represent practice within the past 10 years).
 From: mm/yy To: mm/yy

Is there any reason that you should not be considered an appropriate refer (e.g., conflict of interest, lack of knowledge of applicant's clinical work as a counsellor)? YES NO

If yes, please explain: _____

Using the scale below, please rate the applicant compared to other counsellors you know or have known with similar counselling experience in the following 16 categories. **This section is not complete without a written explanation.** If you require additional space for your comments, please attach another page.

Categories	4	3	2	1	Provide an explanation for your rating. (If you cannot provide an evaluation in any category, use this space to explain the reasoning).
4- Outstanding 3- Above Average 2- Average 1- Below Average					
Individual counselling skills					
Group counselling skills					

Personal integrity					
Ability to establish and maintain an effective working relationship with client(s)					
Ability to relate to co-workers					
Ability to manage closure ending of therapy					
Ability to be objective on the job					
Sense of responsibility					
Ability to consult with other professionals					
Ability to refer to other professionals					
Recognition of own limitations					
Concern for welfare of clients					
Ability to work with diverse populations					
Ethical conduct – ability to keep information confidential					

If you have any concerns or remarks about this person’s ability as a Licensed Counselling Therapist-Candidate that have not already been covered by the questions in section D, or you wish to make a summary statement about the applicant’s competence to provide counselling therapy to clients, please use this space. (Attach an additional sheet if necessary.)

Recommendation

The following recommendation is based on my best judgement, and I am willing to answer additional questions concerning this evaluation should CCTNB deem it necessary.

- I recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C)
- I do not recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C)

Printed Name: _____ Date: _____

Signature: _____

Mail to: College of Counselling Therapists of New Brunswick, 205-236 rue St. Georges Street, Moncton, NB E1C 1W1

Supervision Agreement

(First-Time Supervisor must also complete – Supervisor Application)

Applicant Information/LCT/LCT-C

Full Name: _____ LCT/-C #: _____

Address: _____

Phone: _____ Email _____

Note: The applicant and the proposed supervisor are required to complete this form with one another. The supervisory relationship between candidate and supervisor must be “at arm’s length” from one another.

Parties to the Supervision Agreement

Between _____ and _____
Proposed Supervisor (Print) Applicant/LCT/LCT-C (Print)

Duration _____ and _____
Start End

Copies of this contract must be held by the supervisor and the supervisee. This contract can change as necessary but only with prior consultation.

Rights and Responsibilities of Supervisor

Supervisee’s Responsibilities	Supervisor’s Responsibilities
<p><i>Attends sessions and comes prepared.</i></p> <p><i>Completes assigned work.</i></p> <p><i>Addresses questions to supervisor about issues and progress.</i></p> <p><i>Asks questions and is open to receive feedback.</i></p> <p><i>Challenges ideas in a constructive way.</i></p> <p><i>Expects supervisor to follow through with agreed upon actions or provides an explanation.</i></p>	<p><i>Monitors and ensures welfare of supervisee’s clients and provides directives for clients-at-risk.</i></p> <ul style="list-style-type: none"> • <i>Develops supervisory relationship and establishes emotional tone.</i> • <i>Establishes informed consent for all aspects of supervision.</i> • <i>Clearly distinguishes and maintains the line between supervision and therapy.</i> • <i>Ensures understanding of legal and ethical standards.</i> • <i>Ensures supervisee is clear about roles and responsibilities.</i> • <i>Prepares for and attends all sessions.</i> • <i>Meets developmental needs of supervisee.</i> • <i>Addresses identified learning objectives.</i> • <i>Manages the overall agenda.</i> • <i>Teaches useful techniques and interventions.</i> • <i>Challenges and problem-solves with supervisee</i> • <i>Observes supervisee’s practice and initiates supportive/correction action as needed.</i> • <i>Provides feedback as per CCTNB requirements.</i>

Common Responsibilities of Supervisor and Supervisee

- Adhere to the Code of Ethics and Standards of Practice of CCTNB
- Ensure a high level of professionalism in all interactions
- Identify and build on supervisee’s strengths
- Maintain liability insurance of at least 2 million dollars

Goals of Supervision

- To monitor and protect the welfare of clients seen by the supervisee
- To develop supervisee's professional identity and competence
- To fulfill requirements for supervisee registration and licensure
- To fulfill CCTNB membership and supervision requirements

Requirements for the Supervisor

- Must be a LCT with CCTNB or a full member of the College of Psychologists of NB or the NB Association of Social Workers with at least 5 years of counselling experience.
- Must take a supervision training acceptable to the Board.
- Must have at least 2 million dollars in liability insurance.
- Must submit an up-to-date resume detailing Counselling Work Experience in terms of number of hours/weeks/years to demonstrate 5 years of counseling practice.

Other requirements:

- Half of the supervision hours must be face-to-face supervision.
- Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
- A supervisor may not be a current or former family member or others where the personal relationship interferes with or makes challenging the establishment of a professional relationship.
- Supervisors in administrative relationships to the candidate, whose position involves evaluating job performance/assessing case management, are not suitable for evaluating the quality of therapy given to a client.
- On-site or practicum supervisors from applicant's master's practicum placements are not eligible to provide supervision for applicant's candidacy.

Choice of Supervision Route

Regular		Experienced Practitioners OR LCT/LCT-C Completing CEC	
Total counselling hours required	2 000 hours	Total counselling hours required	500 hours
Direct client contact	800 hours	Direct client contact	200 hours
Supervision hours	50 hours	Supervision hours	25 hours

- We will be following the regular supervision route.
- We will be following the experienced practitioner route.
- We will be following the LCT/LCT-C completing CEC supervision route.

Professional Disclosure and Signature

We each have liability insurance in the amount of \$2 million dollars.

We are both members of the College of Licensed Counselling Therapists of New Brunswick (CCTNB) or the supervisee is a member of CCTNB, and the supervisor is a member of

Name of Professional Body

We have read the supervision requirements and agree to conform to them.

Signature: _____ Date: _____
Applicant/LCT/LCT-C

Signature: _____ Date: _____
Proposed Supervisor

Mail to: College of Counselling therapists of New Brunswick, 205-236 rue St. Georges Street, Moncton, NB E1C 1W1

Supervisor Application

To be completed by the proposed supervisor of a Licensed Counselling Therapist – Candidate.

Applicant Information

Name: _____

Address: _____

Professional Registration #: _____ Name of Regulatory Body _____

of years in profession: _____ Regulatory Body's Phone # _____

Supervisor Requirements

- ❖ Must be a LCT with CCTNB or a full member of the College of Psychologists of NB or the NB Association of Social Workers with at least 5 years of counselling experience.
- ❖ Must take a supervision training acceptable to the Board at the next available opportunity
- ❖ Must have at least 2 million dollars in liability insurance.
- ❖ Must submit an up-to-date resume detailing Counselling Work Experience in terms of number of hours/weeks/years to demonstrate 5 years of counselling practice

Other Information

- ❖ Up to 50% of supervision hours listed must be face-to-face (in-person) supervision.
- ❖ 40% of supervision hours in a group format are permitted.
- ❖ Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
- ❖ A supervisor may not be a current or former family member or others where the personal relationship interferes with or makes challenging the establishment of a professional relationship.
- ❖ Supervisors in administrative relationships to the Candidate, whose position involves evaluating job performance/assessing case management, are not suitable for evaluating the quality of therapy given to a client.
- ❖ On-site or Practicum Supervisors from applicant's Masters Practicum placements are not eligible to provide supervision for applicant's Candidacy.

Attestation

I am enclosing a copy of my current resume with this application. I confirm that I hold a minimum of two million dollars professional liability insurance which includes coverage of my activity as Supervisor of a Candidate for licensure. I also understand that the Supervisor/Supervisee Relationship is one which must be 'at arm's length'.

I have read the rules of the CCTNB concerning supervision and agree to conform to them.

Signature: _____ Date: _____
Proposed Supervisor

Email application to info@cctnb.ca

Ethics Training Declaration |

Déclaration du cours de formation à l'éthique

Declaration

I attest that I have viewed the recording of the Ethics Training course. Keep this document in your records for future audits.

déclaration

J'atteste avoir visionné l'enregistrement du cours de formation à l'éthique. Veuillez conserver cette déclaration dans vos dossiers personnels pour des audits dans le futurs.

Name/Nom: _____ Date: _____

Signature: _____

Insured by Employer Confirmation

This form confirms you have professional liability insurance through your employer.

Membership Applicant/Member Information

Name: _____

Address: _____

Position Title at Workplace: _____

Telephone: _____ Email: _____

Employer Information

Name: _____

Address: _____

Telephone: _____ Email: _____

Note: If you are accepted as a member of the College and you decide to engage in private practice, you must provide proof of purchase of professional liability insurance in the amount of \$2 million or more.

Declaration

I confirm that I have professional liability insurance through my employer.

Signature: _____ Date: _____
Membership Applicant/Member

Signature: _____ Date: _____
Employer

Please submit this form by mail or email:

College of Counselling Therapists of New Brunswick
205-236 rue St. Georges Street, Moncton, NB E1C 1W1
info@cctnb.ca

Resolution of the Board Adopting Rules

Date:

WHEREAS the *Licensed Counselling Therapy Act* provides that the Board may make rules regulating any of the aspects, subjects or matters of the business or affairs of the College as may be governed by by-law;

AND WHEREAS it is in the interests of the Board to exercise its authority under the said Act;

NOW THEREFORE, BE IT RESOLVED THAT:

Pursuant to subsection 6(1) of the said Act, the Board hereby adopts the rules attached as Appendix "A" hereto.

4135-8479-4437 v.1

Resolution of the Board Approving Licence Forms

Date:

WHEREAS the *Licensed Counselling Therapy Act* provides that the Registrar shall cause a licence or renewal thereof to be issued annually or at such other times as may be prescribed to every person whose name is entered in the register, temporary register, or specialists register, and to professional corporations entered in the professional corporations register, and the licence shall state the date upon which it expires, the type of licence and any conditions, limitations or restrictions imposed on the person or professional corporation to whom the licence is issued;

AND WHEREAS the by-laws of the College provide that the Registrar shall issue a licence to registered members upon admission to membership and from time to time in such form or forms as the Board may approve by resolution and shall issue annually a renewal of licence in such form or forms as the Board may approve by resolution;

AND WHEREAS the by-laws of the College provide that upon registration the Registrar shall issue to a professional corporation a licence under the said *Act* in such form as the Board may approve by resolution;

BE IT RESOLVED THAT:

The Board hereby approves a licence for registered members in the form attached hereto as Appendix "A";

The Board hereby approves a licence for temporary registered members in the form attached hereto as Appendix "B"; and

The Board hereby approves a licence for registered professional corporations in the form attached hereto as Appendix "C".

4158-3902-0868 v.1

REGISTERED MEMBER LICENCE

This Licence is issued to _____ (the "Member") pursuant to Section 17(6) of the *Licensed Counselling Therapy Act* and confirms that the Member has satisfied the requirements of the *Licensed Counselling Therapy Act* and the by-laws of the College to entitle it to carry on the practice of counselling therapy.

Registrar

Licence Number:
Issue Date:
Licence expiry date:

Conditions, Limitations, or Restrictions: n/a

TEMPORARY REGISTERED MEMBER LICENCE

This Licence is issued to _____ (the "Member") pursuant to Section 17(6) of the *Licensed Counselling Therapy Act* and confirms that the Member has satisfied the requirements of the *Licensed Counselling Therapy Act* and the by-laws of the College to entitle it to carry on the practice of counselling therapy.

Registrar

Licence Number:
Issue Date:
Licence expiry date:

Conditions, Limitations, or Restrictions: n/a

4156-3338-2725 v.49

PROFESSIONAL CORPORATION LICENCE

This Licence is issued to _____ (the "corporation") pursuant to Section 17(6) of the *Licensed Counselling Therapy Act* and confirms that the corporation has satisfied the requirements of the *Licensed Counselling Therapy Act* and the by-laws of the College to entitle it to carry on the practice of counselling therapy.

Registrar

Licence Number:
Issue Date:
Licence expiry date:

Conditions, Limitations, or Restrictions: n/a