



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:	Telephone of Licensing Body:
Website of licensing Body:	Province: Postal Code:	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</u> registering body 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"/>

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: _____