

College of Licensed Counselling Therapists of New Brunswick  
Graduate Degrees Obtained In Canada

FORM 4

**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: MM/YY

**SECTION B: Applicants with Masters and/or Ph. D degrees obtained from a Canadian institution must complete the following section:** From the Counselling Therapists Act – Part 1-1 “or an equivalent program approved by the Board required to qualify for registration as a licensed counselling therapist.” means a program that meets both of the following criteria:

**B.1 (a)** the program is obtained from a government-authorized, degree granting institution in Canada.

(i) provide the following: the government, which has authorized the institution to grant degrees:

\_\_\_\_\_  
\_\_\_\_\_

(ii) website link verifying the above: \_\_\_\_\_

**B.2 (b)** the program is subject to the oversight of a recognized external academic authority recognized and approved by the Board:

(i) provide the name, postal address, and website link of the external academic authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C:**

I submit this information to be considered when my application for Licensed Counselling Therapist – Candidate is reviewed by the College of Licensed Counselling Therapists of New Brunswick.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This document is to be submitted with the rest of the Application emailed to CCTNB, PO Box 2020, Vaughan Harvey PO, Moncton, NB E1C 0T3*