

**College of Licensed Counselling Therapists of New Brunswick
Practicum Description for Regular and Experienced Practitioner Applicants**

FORM 2

Applicant Information	
Name of Counselling Intern _____	
Address _____	
Name of agency/institution where practicum tookplace _____	
Email	Phone

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
Email	Phone

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 _____		
Total number of hours of practicum	Total Number of Hours of Direct Client Contact (minimum of 150 hours is required in this category)	Time Allotted for Supervision (hours/week)
(a) Direct (direct observation, video-audio taped sessions, co-counselling) _____		
(b) Indirect (case consultation, class meetings) _____ -		
Characteristics of client population (age, milieu, typical presenting problems, etc): _____		

Summary of professional activities in which counselling intern participated in practicum (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)

- 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 practicum.

Applicant's Signature _____ **Date** _____

And either:

Practicum Professor's/Coordinator's Name (printed): _____

Signature: _____ **Date:** _____

OR

On-site Supervisor's Name and Title (printed) _____

Signature _____ **Date** _____

Please send this form to:
College of Licensed Counselling Therapists of New Brunswick
PO Box 2020 Vaughan Harvey PO
Moncton, NB E1C 0T3

Questions: info@cctnb.ca