

Attestation of Understanding and Compliance

Required of All International Applicants for Licensure with the College of Licensed Counselling Therapists of New Brunswick



Applicant

Full Name:	
Date of Birth:	Country of Origin:

As part of the standard registration process, **all international applicants** seeking licensure with the **College of Counselling Therapists of New Brunswick (CCTNB)** are required to complete and sign this attestation.

I, the undersigned, hereby declare that I have read, understand, and agree to the following:

1. Understanding of Legal Prohibitions in Canada

- I am aware that the Canadian *Criminal Code* prohibits all forms of **conversion therapy** in Canada.
- I understand that conversion therapy includes **any practice, treatment, or service designed to change, repress, or reduce a person's sexual orientation, gender identity, or gender expression** to conform to heterosexual, cisgender norms, or the sex assigned to the person at birth.

2. Prohibited Practices

I acknowledge and agree the following activities are expressly forbidden under Canadian law, regardless of age, context, or consent:

- Providing or facilitating:
 - **Aversion therapy** (e.g., electric shocks, induced nausea);
 - **Hypnosis, psychoanalysis, or talk therapy** intended to alter LGBTQ+ identities;
 - **Spiritual or religious interventions** (e.g., prayer, exorcism) meant to change identity or orientation;
 - **"Gender exploratory therapy"** aimed at delaying or discouraging gender-affirming care;
- Causing another person to undergo conversion therapy; and
- **Advertising, promoting, receiving a financial or other material benefit, or transporting minors** for any of the above

I understand these actions are criminal offences, punishable by up to **five (5) years in prison** under the Canadian Criminal Code.

3. Professional and Ethical Responsibility

- I affirm that I will not provide, refer to, or support any form of conversion therapy.
- I understand that if I am unable to provide **LGBTQ+-affirming, trauma-informed, and culturally safe care**, I am professionally obligated to make an appropriate **referral to a qualified provider** who can.
- I understand that any involvement in or referral to prohibited practices may lead to **disciplinary action** and **criminal prosecution**.

4. Scope of Practice in New Brunswick

- I understand that **Licensed Counselling Therapists (LCTs)** and **Licensed Counselling Therapist-Candidates (LCT-Cs)** in New Brunswick **are not authorized to**:
 - Conduct **psychological assessments or testing** designed to produce a diagnosis (C-level assessments); or
 - Offer any interpretation or conclusion that constitutes a **psychological diagnosis**.
- I affirm that I will not engage in diagnostic practices unless I hold separate authorization from a body regulated to provide such services in Canada.

By signing this attestation, I confirm that I understand and agree to comply with all **federal laws, provincial regulations, and professional standards** required for licensure as a licensed counselling therapist in New Brunswick.

Signature: _____ Date: _____