

# Licensing Membership Application



## Part A: Applicant

Full Name:	
Address:	
Email:	Daytime Phone:
Language Preference:	<input type="checkbox"/> English <input type="checkbox"/> French
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
Gender: (How you would like to be addressed - optional)	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Male <input type="checkbox"/> Another gender: _____

## Part B: Post-Secondary Education

Applicants to also submit Graduate Degrees Outside Canada Form if degree completed outside of Canada.

### 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

Degree & Major:	
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. References must have a Master's degree and can attest to your counselling skills from within the last 10 years.

Referee Name:	Registration #:
Professional Relationship to Applicant:	Professional College/Association to which the referee belongs:
Email:	Phone:

Referee Name (2):	Registration #:
Professional Relationship to Applicant:	Professional College/Association to which the referee belongs:
Email:	Phone:

## Part E: Graduate Coursework

Applicants must have completed a total of nine (9) graduate-level courses in specific areas from an acceptable, accredited institution. The content of these courses will be evaluated. 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 Credentials and Memberships

List relevant professional counselling associations in which you have licensing or certification. Also list associations/ organizations to which you have been refused entry or to which your membership was cancelled for any reason. Applicants are required to provide a letter of good standing issued by an organization with the authority to accept and address complaints against its members.

### Organization(s)

Complete Name of Organization:	
Credential:	Member/Licence #:

Complete Name of Organization (2):	
Credential:	Member/Licence #:

## Part G: 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 per claim. This may be coverage that your employer will take or has taken out on your behalf. Otherwise, you must have your own insurance coverage. 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
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My professional liability insurance coverage is held by my employer for all counselling or therapy in which I am engaged, and I attach ***Insured by Employer*** form to my application confirming this coverage.

## Part H: Resume

Submit with your application your most recent resume detailing your education, work history and volunteer work relating to counselling.

## Part I: Criminal Record Check/Enhanced Police Check

A criminal record check completed within the past 12 months is required and must be obtained from the RCMP or a regional police service. Digital copies sent directly by the issuing authority are accepted; if the file is password protected, the password must be provided. Scanned copies are also accepted, provided the official seal or watermark is clearly visible and the document is not altered in any way.

If you are unable to obtain a CRC through traditional means you may obtain an Enhanced Police Check from a reputable source such as MyBackCheck.com.

Enclose this/these document(s) with the rest of this application.

## Part J: 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 becomes 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: \_\_\_\_\_

