

# CHECKLIST FOR INTERPROVINCIAL OR DUAL MEMBERSHIPS APPLICANTS



Name: \_\_\_\_\_

Interprovincial Transfer Applicant

Dual Membership Applicant

Initial Review	Requirements – Use the checklist below to ensure that you have reviewed all pertinent documents.	Final Review
	<b>1. APPLICATION</b>	
	<b>2. POST-GRADUATE EDUCATION:</b> Official Transcript used to obtain licensure elsewhere in Canada	
	<b>3. CURRENT PROVINCIAL/TERRITORIAL LICENCE</b> (Used for statistical purposes only)	
	<b>4. ORIGINAL LETTERS FROM EACH REGISTERING BODY</b> (with whom the applicant is registered, to attest to applicant's good standing with that College.	
	<b>5. PROFESSIONAL REFERENCE:</b> from a clinical supervisor or colleague in a non-compliant relationship to the applicant, attesting to the applicant's good character.	
	<b>6. PROFESSIONAL LIABILITY INSURANCE</b> - Copy of certificate, minimum of \$2 million (Proof needed annually), or - Insured by Employer Confirmation Form	
	<b>7. CRIMINAL RECORD</b>	
	<b>8. CURRENT RESUME OR CURRICULUM VITAE</b>	
	<b>9. APPLICATION FEE</b> – Please wait to pay until advised	

## Declaration:

By entering my name and date below, I agree to recommend this applicant for licensure as an Inter-Provincial transfer member based on my review of their application.

Reviewer:	Date:
Reviewer:	Date:

This applicant is hereby accepted into the College of Licensed Counselling Therapists of New Brunswick as an LCT with/without conditions:

Registrar:	Date:
Conditions:	