



National Membership Application

Complete the following Application and submit with the required documentation by either of the following options:

Mail to:

Canadian Professional Counsellors Association
#203, 3306 – 32nd Avenue
Vernon, British Columbia, Canada V1T 2M6

Fax to: 1-250-558-3369

Email to: submissions@cpcarpc.ca

For further information and inquiries,
Phone (250) 558-3323 or 1-888-945-2722
Or email memberservices@cpcarpc.ca

Membership Information:

Please specify the Membership Level for which you are applying:

- Student
- Candidate (RPC-C)
- Full (RPC)
- Master (MPCC)
- Supervisor (MPCC-S) Requires this application with Master (MPCC) documentation plus a separate Supervisor Application**

Application Fee:

Non-Refundable Fee of \$150.00 + GST/HST must accompany this application.

Ensure you include the applicable provincial GST/HST amount with your payment.

You may make your payment in the following ways: mailing a cheque or money order payable to the Canadian Professional Counsellors Association; pay online through the CPCA website with your credit card, or call into the CPCA head office to pay by credit card.

Personal Data:

First Name: _____ Last Name: _____

Preferred Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Cell: () _____

Personal Email: _____

Please print CLEARLY

Birth date (M/D/Y): ____/____/____

Professional Data:

Name of Organization / Private Practice: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Professional Email Address: _____

Please print CLEARLY

Website: <http://www> _____

***Please indicate preferred email/mail address for all CPCA correspondence including emails, e-blasts and newsletters? This email will also be used for your website login.**

- Personal
- Professional

Are you a Canadian Citizen?

Yes ____ No ____ ~ if you are not a Canadian Citizen what is your *legal* status?

- Permanent Resident
- Work Visa Authorization Expiry Date: (M/D/Y) _____
- Other – please specify
_____ Expiry Date: (M/D/Y) _____

How did you hear about the CPCA?

- Website
- Word of mouth
- Training Institute
- Other _____

Please indicate your main activity during the past year(s):

- Attending College/University
- Employed - working in a counselling field
- Employed - not in a counselling field
- Unemployed
- Other –please specify _____

Are you a member in “Good Standing” with another Counselling Association?

- Yes
- No

If yes, please include a letter of membership in good standing from the Association that also states how long you have been a member.

Have you had any complaints against you in the past 5 years?

- No
- Yes

If YES, please provide an explanation or attach a copy of the complaint resolution:

**Note: It is an offense to make a false or misleading statement.
The CPCA reserves the right to refuse applicants with previous complaints.**

Relevant Education, Training & Certification:

Note: Please provide copies of Training certificate(s) & Original Transcripts.

Current College/University Program

Institution

Graduation Date

Degree &/or Certificate	Institution	Date Granted

Relevant Employment History: (Please provide a copy of your curriculum vitae)

Position / Title	Organization / Private Practice	Year

References:

(Required if not a member in good standing with another mental health association)

Please provide the Names, Professional Qualifications, and Phone Numbers of at least two mental health professionals who will serve as your references. Referees must be in good standing with a professional counselling organization and have personal knowledge of your clinical skills. If applying for full RPC or MPCC membership, at least one letter of recommendation from a current or previous clinical supervisor must be included with this application that substantiates the required clinical supervision for the correlating designation.

Name	Professional Qualifications	Phone
		()
		()
		()
		()

Step one: Complete and submit application with fee.

Step two: When invited to do so, complete criminal record check online

Step three: Upon approval, remit Qualifying Exam fee and complete exam

Step four: Upon notification of successful QE, remit membership dues

Step five: Submit copy of current liability insurance certificate

Step six: Watch for membership certificate, member card, and welcome letter

Read and Verify the Following Understandings and include in Application:

1. I understand that this information will be used for purposes of admission, registration, research and development, and other purposes consistent with the mandate of the association. The use of this information will be in compliance with the Federal Privacy Act (PIPEDA). Any questions concerning the collection and use of this information should be directed to the Office of the Registrar (888) 945-2722 or registrar@cpca-rpc.ca
2. I understand that submission of this application in no way guarantees membership in the CPCA, and that misrepresentation of this information in any way may result in cancellation of my admission or registration status.
3. I understand that my CPCA membership will renew yearly on January 1, except for non-payment of membership dues or it is cancelled in writing.
4. I confirm that I do not have a criminal record that might prejudice my work as a Professional Counsellor and have disclosed any/all criminal convictions for which I have not received a pardon.
5. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or related field, on the grounds of professional misconduct in Canada or elsewhere.
6. I confirm that I have read and understand the Code of Ethical Conduct, Core Competencies and Standards of Practice for the CPCA (please log on to the CPCA website –www.cpcarpc.ca for more details).

 I have read the Code of Ethics & agree to abide by the CPCA Standards of Practice (Initial) _____
7. I certify that all statements on the application are true and complete to the best of my knowledge and belief. In the event of any complaint or complaints arising which suggest unethical clinical practice on my part prior to or during the process of application for registration, I authorize the Canadian Professional Counsellors Association to both investigate and to consider such information as part of my eligibility for registration.

Applicant Signature: _____ Date: _____

Witness Signature: _____

Witness name: _____

Application Checklist

Student Membership Requirements:

- Copy of the Course Description/Training Program Outline
- Proof of Enrollment in the described course/program
- Criminal Records Check (this process is initiated by the Head Office)*
- Application Fee \$150.00 + GST/HST

Candidate (RPC-C) Membership Requirements:

- Copy of Training Certificate(s) & Original Transcripts
- Criminal Record Check (this process is initiated by the Head Office)*
- Two letters of Recommendation
- Curriculum Vitae
- Application fee \$150 + GST/HST

Full Membership Requirements (RPC):

- Copy of Training Certificate(s) & Original Transcripts
- Criminal Records Check (this process is initiated by the Head Office)*
- Two letters of reference from mental health professionals
- Curriculum Vitae
- Completed and Signed RPC Substantiation Form (R1.1)
- Application fee \$150 + GST/HST

Master Counsellor Membership Requirements (MPCC)

- All Documentation under Full Membership
- Completed and signed MPCC Substantiation form (M1.1)
- Application fee \$150 + GST/HST

*** Important:** When your application is received in Head Office, you will be requested to complete a mandatory Criminal Record Check online through [MyBackCheck.com](https://mybackcheck.com). The results are reported directly to Head Office. Alternatively, you may provide an original Criminal Record Check not more than six months old.

Additional fees to be aware of: (do NOT pay until requested)

- Qualifying Exam \$300 + GST/HST
- Membership dues (pro-rated by time elapsed from April 1st)

*Note:

You may make your payment in the following ways: mailing a cheque or money order payable to the Canadian Professional Counsellors Association; pay online through the CPCA website with your credit card, or call into the CPCA head office to pay by credit card.