



Substantiating MPCC Membership Application

M1.1

Date: _____, 20____

Name: _____

As the clinical supervisor, mentor, peer, or employer with direct knowledge of the above member's clinical experience, I acknowledge that the information below is true and accurate.

Name: _____ Authorized Signature: _____

MPCC Requirements	Comments	TOTAL
I have at least 5 years of active clinical practice within the past 8 years _____ (initial)		
Clinical Supervision Hours: 250 hours required		
Previously documented	Applicable for upgrade from RPC	150
One-to-one > with contracted Clinical Supervisor		
Day-to-day > with workplace designated Supervisor		
Direct Observational > in session or recorded with permission		
Group (max 8 participants) > led by Clinical Supervisor		
Peer / Group (max 5 participants) > led by Clinical Supervisor		
Moderated clinical discussions		
Peer Debrief (max 5 participants) > led by Experienced Clinician		
Reflective discussions on self-care and self-awareness		
NOT clinical or client focused		
Journal Club > moderated by Experienced Clinician or Clinical Researcher		
Mentoring > intentionally matched for a particular skill or technique		
TOTAL Clinical Supervision hours		
Direct Client Contact DCC: 750 hours required		
Previously documented	Applicable for upgrade from RPC	250
Intake assessments		
Individual Sessions		
Group Sessions		
Family Sessions		
Testing		
Therapeutic workshops (for clients)		
TOTAL Direct Client Contact hours		
Clinical Practice / Currency Hours: 250 hours		
Documentation > 1 hour for every 10 hours of DCC (approx.)		
Research > for specific clients or cases		
Staff Meeting > relating to client care		
Report Preparation > third party related		
TOTAL Clinical Practice / Currency hours		

If you believe you meet the criteria but are not sure how to prove this, please don't hesitate to email (registrar@cpca-rpc.ca) or call the Office of the Registrar (1-888-945-2722) and they will work with you to provide the necessary documentation.