Canadian Professional Counsellors Association

Substantiating MPCC-S Membership Application

S1.1

Date: _____, 20_____

Member Name: _____Membership #: _____

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-S Requirements	Comments	TOTAL
I have at least 8 years of active clinical practice within the past 10 years _____ (initial)		
Clinical Supervision Hours: 250 hours required		
Previously documented	Applicable for upgrade from MPCC members	**250**
Additional Clinical Supervision acquired		
	TOTAL Clinical Supervision hours	
Direct Client Contact DCC: 1500 hours required		
Previously documented	Applicable for upgrade from MPCC members	**750**
Additional Client Contact Hours Acquired		
	TOTAL Direct Client Contact hours	
Supervisory Experience: 100 hours required		
Interns/Candidates		
Agency Responsibility (role of position)		
Practicum Students		
Peers		
Group		
Skill-building workshops		
Supervisor Director of Agency		
	TOTAL Supervisory hours	
Clinical Supervision Education – 30 hours coursework specific to supervision		
	TOTAL Education hours	
	TOTAL of all earned Clinical Practice 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 Registrar (1-888-945-2722) and they will work with you to provide the necessary documentation.