



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-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 Office of the Registrar (1-888-945-2722) and they will work with you to provide the necessary documentation.