



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: _____

RPC Requirements	Comments	TOTAL
Clinical Supervision Hours: 150 hours minimum		
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 Hours: 250 hours minimum		
Intake assessments		
Individual Sessions		
Group Sessions		
Family Sessions		
Testing		
Therapeutic workshops (for clients)		
TOTAL Direct Client Contact hours		
Professional Practice / Currency Hours: 200 minimum hours		
Documentation > 1 hour for 10 hours of DCC (approx.)		
Research > Specific Clients or Cases		
Staff Meeting > relating to Client Care		
Report Preparation > to Third Parties		
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.