



An upgrade fee of \$50.00 + GST/HST is required to be submitted with this form.  
 \*Difference in member dues is required upon approval

**Upgrade to MPCC Membership**  
 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 Requirements	Comments	TOTAL
<b>I have at least 5 years of active clinical practice within the past 8 years _____ (initial)</b>		
<b>Clinical Supervision Hours: 250 hours required</b>		
Previously documented	Applicable for upgrade from RPC	<b>150</b>
One-to-one > with contracted Clinical Supervisor		
Day-to-day > with workplace designated Supervisor		
Direct Observational > in session or recorded with permission		
Group ( <b>max 8 participants</b> ) > led by Clinical Supervisor		
Peer / Group ( <b>max 5 participants</b> ) > led by Clinical Supervisor Moderated clinical discussions		
Peer Debrief ( <b>max 5 participants</b> ) > led by Experienced Clinician Reflective discussions on self-care and self-awareness NOT clinical or client focused		
Mentoring > intentionally matched for a particular skill or technique		
Other		
TOTAL Clinical Supervision hours		
<b>Direct Client Contact DCC: 750 hours required</b>		
Previously documented	Applicable for upgrade from RPC	<b>250</b>
Intake assessments		
Individual Sessions		
Group Sessions		
Family Sessions		
Testing		
Therapeutic workshops (for clients)		
TOTAL Direct Client Contact hours		
<b>Clinical Practice / Currency Hours: 250 hours</b>		
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		

**Incomplete forms will NOT be processed**

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](mailto: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.