



## National Membership Application

Complete the following Application and submit with the required documentation to the Canadian Professional Counsellors Association by either of the following options:

**Email to:**

[submissions@cpca-rpc.ca](mailto:submissions@cpca-rpc.ca)

Include "Application" in subject line

**Fax to:** 1-250-558-3369

**Mail to:**

#203, 3306 – 32<sup>nd</sup> Avenue

Vernon, British Columbia, Canada V1T 2M6

For further information and inquiries,  
Phone (250) 558-3323 or 1-888-945-2722

### Membership Information:

Please specify the Membership Level for which you are applying:

- Candidate (RPC-C)
- Full (RPC)
- Master (MPCC)
- Supervisor (MPCC-S) Requires this application with Master (MPCC) documentation plus a separate Supervisor Application**

### Application Fee:

Non-Refundable Fee of \$150.00 + GST/HST must accompany this application.

**Ensure you include the applicable provincial GST/HST amount with your payment.**

**GST Provinces:** BC, YT, NT, AB, NU, SK, MB, QC = 5%      **HST Provinces:** ON = 13%      PE = 14%      NB, NL, NS = 15%

You may make your payment(s) in the following ways: mail a cheque or money order payable to the Canadian Professional Counsellors Association; pay with your credit card online through your profile on the CPCA Members Portal (instructions incl. on page 4) or call into the CPCA head office to pay by credit card.

**Incomplete Applications will NOT be processed**

**Personal Data:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Personal Email: \_\_\_\_\_  
Please print CLEARLY

Birth date (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Professional Data:**

Name of Organization / Private Practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Professional Email Address: \_\_\_\_\_  
Please print CLEARLY

Website: <http://www> \_\_\_\_\_

**\*Please indicate preferred email/mail address for all CPCA correspondence including emails, e-blasts and newsletters? This email will also be used for your Profile login.**

- Personal
- Professional

Are you a Canadian Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ ~ if you are not a Canadian Citizen what is your *legal* status?

- Permanent Resident
- Work Visa Authorization      Expiry Date: (M/D/Y) \_\_\_\_\_
- Other – please specify  
\_\_\_\_\_      Expiry Date: (M/D/Y) \_\_\_\_\_

How did you hear about the CPCA?

- Website
- Word of mouth      Other \_\_\_\_\_
- Training Institute

Please indicate your main activity during the past year(s):

- Attending College/University
- Employed - working in a counselling field
- Employed - not in a counselling field
- Unemployed
- Other –please specify \_\_\_\_\_

Are you a member in “Good Standing” with another Counselling Association?

- Yes \_\_\_\_\_
- No

**If yes, please identify and include a letter of membership in good standing from the Association that also states how long you have been a member.**

Have you had any complaints against you in the past 5 years?

- Yes
- No

**If YES, please provide an explanation or attach a copy of the complaint resolution:**

**Note: It is an offense to make a false or misleading statement.  
The CPCA reserves the right to refuse applicants with previous complaints.**

### **Relevant Education, Training & Certification:**

Note: Please provide copies of Training certificate(s) & Original Transcripts.

\_\_\_\_\_  
College/University Program

\_\_\_\_\_  
Institution Graduation Date

Degree &/or Certificate	Institution	Date Granted

**Relevant Employment History:** (Please also provide a copy of your curriculum vitae)

Position / Title	Organization / Private Practice	Year

**References:** at least 2 are required for all applications

Referees must be in good standing with a professional counselling organization, employment agency or College/University and have personal knowledge of your education and/or clinical skills.

For an RPC-C applicant, one of the letters may be a character reference.

For an RPC, MPCC or MPCC-S applicant, at least one of the letters of recommendation must be from a current or previous clinical supervisor that substantiates the required clinical supervision and clinical experience for the correlating designation.

Name	Professional Qualifications	Phone
		( )
		( )
		( )
		( )

**Step one: Register**

- 1) If you have not already Registered, please go to [www.cpcra-rpc.ca](http://www.cpcra-rpc.ca). In the “User Menu” – (left hand side under “Search Members”) Click on: “Member Registration”.

Next, click on the link <https://portal.cpcra-rpc.ca/> to register for a new account.

- 2) On the CPCA Members Portal you will see “New Account Registration” (far right). Enter your email (username), create a (min) **16-digit** password, then “SIGN UP”. Complete Registration and “SAVE”.

“LOG IN” with your email and password on the Registration Complete page.

On the “Dashboard” click on your “NAME” (top right corner).

Congratulations, you have successfully created and accessed your personal CPCA Profile.

You may view and edit information. You will see your “CART” on the top left. This is where you will be able to pay Fees and Dues as the application for membership process moves along.

**Step two:** Complete and submit application with fee.

**Step three:** When invited to do so, complete criminal record check online.

**Step four:** Upon eligibility approval, remit Qualifying Exam fee, and complete exam.

**Step five:** Upon notification of successful QE, remit membership dues.

**Step six:** Submit copy of current liability insurance certificate.

**Step seven:** Watch for membership certificate, member card, and welcome letter.

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**Read and Verify the Following Understandings and include in Application:**

1. I understand that this information will be used for purposes of admission, registration, research and development, and other purposes consistent with the mandate of the association. The use of this information will be in compliance with the Federal Privacy Act (PIPEDA). Any questions concerning the collection and use of this information should be directed to the Office of the Registrar (888) 945-2722 or [registrar@cpc-rpc.ca](mailto:registrar@cpc-rpc.ca)
2. I understand that submission of this application in no way guarantees membership in the CPCA, and that misrepresentation of this information in any way may result in cancellation of my admission or registration status.
3. I understand that my CPCA membership will renew yearly on January 1, except for non-payment of membership dues or it is cancelled in writing.
4. I confirm that I do not have a criminal record that might prejudice my work as a Professional Counsellor and have disclosed any/all criminal convictions for which I have not received a pardon.
5. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or related field, on the grounds of professional misconduct in Canada or elsewhere.
6. I confirm that I have read and understand the Code of Ethical Conduct, Core Competencies and Standards of Practice for the CPCA (please log on to the CPCA website –[www.cpc-rpc.ca](http://www.cpc-rpc.ca) for more details).

I have read the Code of Ethics & agree to abide by the CPCA Standards of Practice.  
**(Initial here) X \_\_\_\_\_**

7. I certify that all statements on the application are true and complete to the best of my knowledge and belief. In the event of any complaint or complaints arising which suggest unethical clinical practice on my part prior to or during the process of application for registration, I authorize the Canadian Professional Counsellors Association to both investigate and to consider such information as part of my eligibility for registration.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness name: \_\_\_\_\_

# Application Checklist

## Candidate (RPC-C) Membership Requirements:

- Copy of Training Certificate(s)
- Original Transcripts
- Criminal Record Check (this process is initiated by the Head Office)\*
- Two letters of Recommendation
- Curriculum Vitae
- Application fee \$150 + GST/HST

## Full Membership Requirements (RPC):

- Copy of Training Certificate(s)
- Original Transcripts
- Criminal Records Check (this process is initiated by the Head Office)\*
- Two letters of reference from mental health professionals
- Curriculum Vitae
- Completed and Signed RPC Substantiation Form (R1.1)
- Application fee \$150 + GST/HST

## Master Counsellor Membership Requirements (RPC, MPCC)

- Copy of Training Certificate(s)
- Original Transcripts
- Criminal Records Check (this process is initiated by the Head Office)\*
- Two letters of reference from mental health professionals
- Curriculum Vitae
- Completed and signed RPC, MPCC Substantiation form (M1.1)
- Application fee \$150 + GST/HST

**\* Important:** When your application is received and processed in Head Office, you will be requested to complete a mandatory Criminal Record Check online through [MyBackCheck.com](http://MyBackCheck.com). The results are reported directly to Head Office.

Alternatively, you may provide an original Criminal Record Check not more than six months old.

## Additional fees to be aware of: (do NOT pay until requested)

- Qualifying Exam \$300 + GST/HST
- Membership dues (pro-rated by time elapsed from April 1st)

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