National Student Membership Application

Complete the following Application and submit with the required documentation by either of the following options:

Mail to:
Canadian Professional Counsellors Association
#203, 3306 – 32nd Avenue
Vernon, British Columbia, Canada V1T 2M6

Email to: submissions@cpca-rpc.ca
Fax to: 1-250-558-3369

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

Step One: Register
1) If you have not already Registered, please go to www.cpca-rpc.ca. In the “User Menu” – (left hand side under “Search Members”) Click on: “Member Registration”. Next, click on the link https://portal.cpca-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 supporting documentation and fee.
Step Three: Watch for CPCA member card and welcome letter.

- Students with a minimum of 6 months remaining in their program qualify to receive a CPCA graduation gift.
- In the year a student member successfully upgrades to Registered Professional Counsellor - Candidate (RPC-C), their first year member dues are paid for by the association.

Application Fee:
Non-Refundable Fee of $75.00 + 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: pay with your credit card online through your Profile, call into the CPCA head office to pay by credit card; alternatively, you may mail a cheque or money order payable to the Canadian Professional Counsellors Association.

Incomplete Applications will NOT be processed
First Name: __________________________ Last Name: __________________________

Preferred Name: __________________________________________________________

Mailing Address: ____________________________________________________________

City: __________________________ Province: __________ Postal Code: __________

Telephone: ( ) ______________________ Cell: ( ) _____________________________

Personal Email: __________________________________________________________

Please print CLEARLY

Birth date (M/D/Y): _____/_____/_____

*Let it be understood that the above email/mail address will be used for all CPCA correspondence including emails and association news. This email will be used for your Profile login. (Initial here) X __________

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

Current Enrollment for Education, Training & Certification:

_________________________________________ ________________________________

Current College/University Program Graduation Date

__________________________________________________________

Institution

<table>
<thead>
<tr>
<th>Previously completed Degree &amp;/or Certificate Training</th>
<th>Institution</th>
<th>Date Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Incomplete Applications will NOT be processed
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@cpca-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 Student is a non-practicing membership and renews annually on January 1st with confirmation of continued enrollment unless 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.cpca-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

Student Membership Requirements:

□ Copy of the Course Description/Training Program Outline
□ Proof of Enrollment in the described course/program
□ Criminal Records Check (this process is initiated by the Head Office)*
   OR
   a copy of your Criminal Records Check may be submitted from the college if they received an Original
□ Application Fee $75.00 + GST/HST

Incomplete Applications will **NOT** be processed