



Substantiating RPC and MPCC Designation for Application

M1.1

Date: _____, 20____

Name: _____

Incomplete Forms will **NOT** be processed

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
I have at least 5 years of active clinical practice within the past 8 years _____ (initial)		
Clinical Supervision Hours: 250 hours minimum (250 = 150 RPC + 100 MPCC)		
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		
Mentoring > intentionally matched for a particular skill or technique		
Other		
TOTAL Clinical Supervision hours		
Direct Client Contact DCC: 750 hours minimum (750 = 250 RPC + 500 MPCC)		
Intake assessments		
Individual Sessions		
Group Sessions		
Family Sessions		
Testing		
Therapeutic workshops (for clients)		
TOTAL Direct Client Contact hours		
Professional Practice Hours: 250 hours minimum (250 = 200 RPC + 50 MPCC)		
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		

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.