



## Substantiating MPCC-S Designation for Application

S1.1

Date: \_\_\_\_\_, 20\_\_\_\_

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

Incomplete Forms will **NOT** be processed

As the clinical supervisor (QCS) or employer with direct knowledge of the above member's clinical supervision experience, I acknowledge that the information below is true and accurate.

Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

MPCC-S Requirements	Comments	TOTAL
<b>I have at least 8 years of active clinical practice within the past 10 years _____ (initial)</b>		
<b>Clinical Supervision Hours: 250 hours minimum required</b>		
Previously documented	from MPCC substantiation form	
Additional Clinical Supervision acquired		
TOTAL Clinical Supervision hours		
<b>Direct Client Contact DCC: 1500 hours required</b>		
Previously documented	from MPCC substantiation form	
Additional Client Contact Hours Acquired		
TOTAL Direct Client Contact hours		
<b>Supervisory Experience: 100 hours required under the supervision of a registered Qualified Clinical Supervisor (QCS)</b>		
Interns/Candidates		
Agency Responsibility (role of position)		
Practicum Students		
Peers		
Group		
Skill-building workshops		
Supervisor Director of Agency		
TOTAL Supervisory hours		
<b>Clinical Supervision Education – 30 hours coursework specific to supervision</b>		
TOTAL Education hours		
TOTAL of all earned Clinical Practice 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](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.