



### Substantiating RPC Designation for Application

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: \_\_\_\_\_

RPC Requirements	Comments	TOTAL
<b>Clinical Supervision Hours: 150 hours minimum</b>		
One-to-one > with Qualified Clinical Supervisor (QCS) Mandatory Requirement: minimum of 24 hours		
Day-to-day > with workplace designated Supervisor		
Direct Observational > in session or recorded with Qualified Supervisor		
Group ( <b>max 8 participants</b> ) > led by Qualified Clinical Supervisor includes case summaries, moderated clinical discussion and education		
Mentoring > intentionally matched for a particular skill or technique		
Other		
TOTAL Clinical Supervision hours		
<b>Direct Client Contact DCC Hours: 250 hours minimum</b>		
Intake assessments		
Individual Sessions		
Group Sessions		
Family Sessions		
Therapeutic workshops (for clients)		
Other		
TOTAL Direct Client Contact hours		
<b>Professional Practice / Currency Hours: 200 minimum hours</b>		
Documentation > 1 hour for 10 hours of DCC (approx.)		
Research > Specific to Clients or Cases		
Staff Meeting > Relating to Client Care		
Report Preparation > to Third Parties		
Other		
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](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.