



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@cpcarpc.ca

Include "Application" in subject line

Fax to: 1-250-558-3369

Mail to:

#203, 3306 – 32nd 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 and attach with a copy of the complaint resolution:

The CPCA reserves the right to refuse applicants with previous complaints.

Note: It is an offense to make a false or misleading statement and can result in refusal of application.

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

Clinical Practicum:		
Included in program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stand Alone (independent of program)	<input type="checkbox"/> Yes	Attach confirmation from Clinical Supervisor and/or P1.1 form
	<input type="checkbox"/> No	Contact CPCA H/O for Practicum Guidelines

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. In the exceptional case that an original supervisor is not accessible, a letter will be accepted from a clinical colleague, who can attest to the clinical experience and supervision of the applicant.

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

Step one: Register

- 1) If you have not already registered with the CPCA, please go to <https://www.cPCA-rpc.ca> and click on MEMBER REGISTRATION in the USER MENU.
- 2) Enter your email (username), create a (min) **8-digit** password, then “SIGN UP”.
- 3) 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: Submit Criminal Record Check with Vulnerable Sector Check – not more than 6 months old.

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.

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@cpcarpc.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 has annual requirements that must be met in order to renew my designation on or before December 31st each year. Membership falls into a “not-in-good-standing” status if membership dues and requirements are not met and submitted before the grace period of January 15th annually. Membership can be terminated or retired by member choice submitted in writing to the CPCA Head Office.
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, understand and will abide by the expectations and regulations of any Regulatory College in the province(s) in which I practice.
<https://www.cpcarpc.ca/regulatory-colleges~.aspx>
 (Initial here) X _____
7. I confirm that I have read, understand and will abide by the CPCA Code of Ethics and Standards of Practice. <https://www.cpcarpc.ca/code-of-ethics~.aspx>
 (Initial here) X _____
8. 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 Records Check including Vulnerable Sector Check – not more than 6 months old
Original must be mailed to the CPCA 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 including Vulnerable Sector Check – not more than 6 months old
Original must be mailed to the CPCA 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 including Vulnerable Sector Check – not more than 6 months old
Original must be mailed to the CPCA 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

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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