



Membership Renewal 2018

Due December 31, 2017 - You have NOT been chosen for *audit* this renewal period
Do not submit any documentation other than THIS form with membership dues

Membership # _____ Please PRINT clearly

Name: _____

Current address: _____ New

Email: _____ Phone: _____

ALL MEMBERS Must Initial These:

- I am remitting my yearly membership dues in good faith believing there is no impediment to me holding the credential(s) granted me by the CPCA. _____ (initial)
- I agree to adhere to the CPCA Code of Ethics and Standards of Practice. I will report any change, charge, or conviction about a criminal, quasi-criminal, civil, or other professional disciplinary matter in any country within 60 days of occurrence. _____ (initial)

EACH MEMBER Must choose their designation and initial attestations:

Student \$75 + (GST/HST) • I am Currently Enrolled in _____ (School)

Candidate (RPC-C) \$225 + (GST/HST)

- I am currently under Supervision _____ (initial)
- I currently hold valid liability insurance. I agree to maintain this coverage as long as I am in active clinical practice. _____ (initial)

Full (RPC) \$300 + (GST/HST) **Master (MPCC)** \$350 + (GST/HST) **Supervisor (MPCC-S)** \$400 + (GST/HST)

- I have a completed and can document *12 clock hours of learning* in 2017 which meets the criterion for acceptable professional development. _____ (initial)
- I have completed and can document *6 clock hours of supervision* in 2017. _____ (initial)
- I currently hold valid liability insurance. I agree to maintain this coverage as long as I am in active clinical practice. _____ (initial)

Non-Practicing \$50.00 + (GST/HST) Non-Practicing Declaration form must be submitted with Renewal – request from H/O

I agree that by submitting this form and my payment to CPCA, I am attesting to the truth of the following:

MEMBER SIGNATURE: _____ DATE: _____

Dues \$ _____ + GST/HST: \$ _____ = \$ _____

CPCA webpage payment gate ref. # _____ Cheque # _____

Charge my Visa Mastercard

Card number: _____ Exp date: ____/____

Cardholder name: _____ Cardholder Signature _____

*** A late fee of \$50.00 + GST/HST will be applied after Jan 15, 2018**

GST must now be collected by CPCA
BC, YT, NT, AB,
NU, SK, MB, QC =
5%
ON = 13%
NB, NL, NS = 15%
PE = 14%